SERVICE REQUEST FORM

**Term:** Fall 20____ Winter 20____ Spring 20____  
*Indicate year (Choose only one)*

**Date** ______________________

**Name** __________________________________________________________

(Last)  (First)

**Date of Birth** ______________________

**Student ID @00** ______________________  
**Telephone Number** ______________________

**WCC Email Address** ______________________________________________

☐ I received a copy of Services and Student Responsibilities

**Link:** [https://www.wccnet.edu/succeed/disability/accommodations/guidelines.php](https://www.wccnet.edu/succeed/disability/accommodations/guidelines.php)

**Category of Disability - (Check all that apply)**

☐ Cognitive __________________________________________________________

☐ Hearing____________________________________________________________

☐ Learning____________________________________________________________

☐ Physical____________________________________________________________

☐ Psychological________________________________________________________

☐ Speech______________________________________________________________

☐ Visual_______________________________________________________________

☐ Other_______________________________________________________________

**Disability Status**

☐ Temporary __________________________________________________________

☐ Permanent ___________________________________________________________

_Students are responsible for providing Learning Support Services (LSS) with documentation verifying their disability. LSS staff will review documentation to determine eligibility._

_(Continued on back)_
Did you have a 504 Plan in High School? 

Did you have an IEP (Individual Education Plan in High School)? 

Do you have a Vocational Rehabilitation Counselor? 

**ESL** Limited English Speaker

Is English your first language?

- Yes
- No

If no, what is your native language?

If you are already registered with Learning Support Services, it is your responsibility to request accommodations each semester and obtain accommodation letters for each course. Please contact the office to set up an appointment (phone or in person) with a Program Specialist.

If you are a new student, an appointment to discuss your academic needs, goals and accommodations is required.

__________________________
Student Signature (Required)  

__________________________
Date

3-27-20

2-14-20