DISABILITY ACCOMMODATION REQUEST INTAKE FORM

Each semester:
1) Submit completed Intake Form
2) Schedule an appointment (phone or in person) with a Program Specialist

Term: Fall _____ Winter _____ Spring ______ Date________________________
*Indicate year (Choose only one)*

Name ________________________________________________________________

(Last) __________________________________________   (First) ______________

Date of Birth ____________________________ Gender: F ☐ M ☐

Student ID @00 ________________ Telephone Number _________________________

WCC Email Address __________________________________________________

☐ I received a copy of LSS Services and Student Responsibilities

Link: wccnet.edu/lss-student-responsibilities

PLEASE IDENTIFY THE ACCOMMODATION(S) REQUESTED DUE TO A DISABILITY:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

LIST THE COURSE(S) FOR WHICH YOU ARE REQUESTING ACCOMMODATIONS

<table>
<thead>
<tr>
<th>Course Name/Number</th>
<th>Course Name/ Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Signature (Required) ___________________________ Date _______________________

(Continued on page 2)
SUPPLEMENTAL INFORMATION
PLEASE CHECK ALL THAT APPLY

Documented Disability

☐ ADD/ADHD  ☐ Hearing Impairment
☐ Autistic Impairment  ☐ Learning Disability
☐ Cognitive Impairment  ☐ Motor Impairment
☐ Emotional Impairment  ☐ Speech Impairment
☐ Hand Impairment  ☐ Traumatic Brain Injury
☐ Health Impairment  ☐ Visual Impairment
☐ Other________________________________________________

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

☐ Do you have a Vocational Rehabilitation Counselor? ________________________________

(Accommodations Provided Only for Documented Disabilities)

(For Statistical Purposes Only)

(ESL) Limited English Speaker
Is English your first language?

☐ Yes  ☐ No

If no, what is your native language? ________________________________________________

FOR OFFICE USE ONLY
Appointment:
Date:___________  Time:___________  Type:___________  (Phone or In Person)

Educational Program:______________________________________________________________

ECO: ☐ ESL: ☐ GEN: ☐