

Learning Support Services (LSS) - LA 104 4800 East Huron River Drive Ann Arbor, Michigan 48105 Tel: (734) 973-3342 Fax: (734) 477-8517 www.wccnet.edu

DISABILITY ACCOMMODATION REQUEST INTAKE FORM

	pleted Intake Fo		on) with a Program Sp	ecialist	
	Winter	Spring		Date	
(Last)			(First)		
Date of Birth_		<u>-</u>		Gender:	F M
Student ID @00			Telephone Number		
WCC Email Ad	dress				
☐ I received	a copy of LSS S	ervices and Stud	dent Responsibilities		
 Link: wccnet.e	du/lss-student	-responsibilities	•		
PLEASE IDENT	TIFY THE ACCO	MMODATION(S) REQUESTED DUE TO	O A DISABILITY:	
LIST THE COUI		IICH YOU ARE R	EQUESTING ACCOMI		
Student Signa	ture (Required)		 Date	

SUPPLEMENTAL INFORMATION

PLEASE CHECK ALL THAT APPLY

Documented Disability ☐ Hearing Impairment ■ ADD/ADHD ☐ 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:	Туре:			
		(Phone or In Person)			
Educational Program: ECO: SESL: GEN: SEN: SENE SENE SENE SENE SENE SENE S					