



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**

**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](http://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**

Course Name/Number	Course Name/ Number

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date

# SUPPLEMENTAL INFORMATION

PLEASE CHECK ALL THAT APPLY

## Documented Disability

- |   |   |
|---|---|
| <input type="checkbox"/> ADD/ADHD             | <input type="checkbox"/> Hearing Impairment     |
| <input type="checkbox"/> Autistic Impairment  | <input type="checkbox"/> Learning Disability    |
| <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Motor Impairment       |
| <input type="checkbox"/> Emotional Impairment | <input type="checkbox"/> Speech Impairment      |
| <input type="checkbox"/> Hand Impairment      | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Health Impairment    | <input type="checkbox"/> Visual Impairment      |
| <input type="checkbox"/> 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? \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Appointment:	
Date: _____	Time: _____ Type: _____
(Phone or In Person)	
Educational Program: _____	
ECO: <input type="checkbox"/>	ESL: <input type="checkbox"/> GEN: <input type="checkbox"/>