



# WALLA WALLA COMMUNITY COLLEGE

## Accommodation Request Form

Please complete this form as part of your request for disability support services.

If you need assistance to complete the form contact: [counseling@wwcc.edu](mailto:counseling@wwcc.edu)

### STUDENT INFORMATION

Date: \_\_\_\_\_ Student Status:  Prospective  Current

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Birth date (mm/dd/yyyy): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Program of Study:  AA/AS Transfer  Undecided  
(Please check the one that applies)  Professional/Tech \_\_\_\_\_  Other \_\_\_\_\_

WWCC Advisor: \_\_\_\_\_

Are you a Vocational Rehabilitation client?  Yes  No  I'd like to learn more

Please identify the disability and indicate if you will provide supporting documentation:  
*\*Documentation is usually provided by a physician, psychologist, learning disabilities specialist, or rehabilitation counselor.*

\_\_\_\_\_ Can Provide Documentation:  Yes  No  
\_\_\_\_\_  Yes  No  
\_\_\_\_\_  Yes  No

| MEDICATION | DOSAGE | SIDE EFFECTS |
|------------|--------|--------------|
|            |        |              |
|            |        |              |
|            |        |              |
|            |        |              |

Describe the barriers you encounter due to your disability that prevent you from accessing the educational environment.

## FUNCTIONAL LIMITATIONS

Please check the level of limitation you experience as a result of your disability.

| CARING FOR:<br>ONESELF     | No<br>Impact             | Mild<br>Impact           | Moderate<br>Impact       | Substantial<br>Impact    | LEARNING:     | No<br>Impact             | Mild<br>Impact           | Moderate<br>Impact       | Substantial<br>Impact    |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Speaking                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reading       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Writing       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breathing                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spelling      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Seeing                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Calculating   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walking                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Memorizing    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lifting/<br>Carrying       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Concentrating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sitting                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Listening     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Performing<br>Tasks        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Organizing    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Communicating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interacting<br>with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other:        |                          |                          |                          |                          |
| Sleeping                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |                          |                          |                          |                          |
| Standing                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |                          |                          |                          |                          |
| Bodily<br>Functions        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |                          |                          |                          |                          |

### ACCOMMODATION REQUEST(S)

I am requesting (check all that apply):

- Academic Accommodations(s) (e.g.: classroom, exams, e-text, etc.)
- Campus accessibility (e.g.: doorways, elevators, lights, etc.)

Please list the accommodations you are requesting:

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Please describe your previous educational experiences and the services you have received in the past (i.e., can be from high school Special Education or 504 plan, accommodations on the ACT/SAT/GRE test, accommodations received at other institutions of higher education, etc):

I agree that the disability coordinator may change my registration form from a “no” to a “yes” (if I have not already marked as such) to indicate that I am an individual with a disability.

Signature \_\_\_\_\_

I would like information about voter registration:     Yes    No