



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: **Walla Walla Campus** - Kristen Duede, Disability Support Services Coordinator (509)527-4543 or kristen.duede@wwcc.edu **Clarkston Campus** - Heather Markwalter, Coordinator of Disability Support Services at (509)758-1721 or heather.markwalter@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: ONESELF	No Impact	Mild Impact	Moderate Impact	Substantial Impact	LEARNING:	No Impact	Mild Impact	Moderate Impact	Substantial 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/ 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 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 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 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:

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