

Documentation Drop Off

Name: _____ **ID#:** _____

Date of Birth: _____ **Enrollment Date:** _____

Preferred Campus: South North PHS Other: _____

Phone Number: _____ **Cell Phone:** _____

Home Address: _____

Email: _____@my.waketech.edu

Alternate Email: _____

Documented Disabilities/ Medical Conditions:

- Attention Deficit/Hyperactivity Disorder
- Intellectual Disability
- Traumatic Brain Injury
- Autism Spectrum Disorder
- Deaf/ Hard of Hearing
- Learning Disability -Subject area: _____
- Orthopedic Impairment - Assistive Device utilized if any: _____
- Visual Impairment -Assistive Technology utilized if any: _____
- Health Related Condition: _____
- Mental Health Condition: _____
- Other: _____

HIGH SCHOOL IEP'S ARE USED AS SUPPLEMENTAL DOCUMENTATION ONLY

Have you had accommodations at another college? If so, please list the college below:

What types of accommodations/services are you seeking from Disability Support Services?

For Office Use:

- Needs More Documentation
- Additional Documentation Submitted

Contact Made for Initial: _____ E-mail: _____

<p>Coordinator: _____</p> <p>Date Scheduled: _____ Time: _____</p>

