WAKE TECH COMMUNITY COLLEGE

Disability Support Services

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: _____

Coordinator: _____

Date Scheduled: _____ **Time:** _____