



## Student Intake Form

Wisconsin Lutheran College is committed to ensuring equal access and opportunity for qualified students with documented disabilities. To receive services through the Office of Accessibility Services, the student must be currently enrolled or accepted to WLC, and this form must be completed in its entirety. Inadequate information and/or incomplete forms will delay the intake process. All students requesting accommodations must provide documentation of the disability and complete the intake process to determine if they are eligible for reasonable accommodations in accordance with the U.S. Department of Education, Office of Civil Rights and Americans with Disabilities Act. Completion of this form does not guarantee that you are eligible for services from Accessibility Services. The Office of Accessibility Services does make the final determination regarding what, if any, accommodations the student qualifies for.

### STUDENT INFORMATION

Name: \_\_\_\_\_ Warrior ID: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Semester & Year of entry to WLC: \_\_\_\_\_  
Intended Major (if known): \_\_\_\_\_

#### Student Status:

*(Check all that apply)*

- First Year Freshman       Full Time Student
- Transfer Student       Part Time Student
- Current WLC Student       Special Status Student (ie: dual credit)
- Veteran / Active Military

### ACADEMIC HISTORY

High School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Did you have any of the following in high school?

- Individual Educational Plan
- 504 Plan
- Accommodation/Support Plan
- Other: \_\_\_\_\_
- None

Have you attended another college?

No     Yes - School Name: \_\_\_\_\_ Year(s): \_\_\_\_\_

Have you previously received accommodations in high school and/or college?

- No
- Yes - What accommodations have been most helpful in supporting you to navigate limitations of your disability? \_\_\_\_\_

## DISABILITY INFORMATION

You will be required to submit documentation supporting this diagnosis and requested accommodations. If you do not have a diagnosis from a qualified health care provider or mental health professional, please contact [accessiblityservcies@wlc.edu](mailto:accessiblityservcies@wlc.edu) for further support.

The diagnosed disability falls in the following category(s):

<input type="checkbox"/> Visual Challenges	<input type="checkbox"/> Autism
<input type="checkbox"/> Hearing Challenges	<input type="checkbox"/> ADHD
<input type="checkbox"/> Mobility Challenges	<input type="checkbox"/> Temporary Injury
<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Psychological Condition	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Other: _____	

Specify your diagnosis(es): \_\_\_\_\_

Current treatment/support plan:

Describe how your disability impacts you regarding the following:

*If it has no impact, indicate with N/A*

- Listening, auditory processing, note taking, looking at the board or presentation, in class participation, and attendance
- Reading, Writing, typing, papers and presentations
- Timed tests
- Sitting in lecture, standing for long periods of time, walking, navigating around campus, or other mobility concerns
- Communication, group work and interacting with others

Are you currently accessing services through any of the agencies listed below? (Check all that apply)

<input type="checkbox"/> Department of Vocational Rehabilitation
<input type="checkbox"/> VRNE (veterans)
<input type="checkbox"/> State provided social worker or social services
<input type="checkbox"/> Other: _____

## ACADEMIC ACCOMMODATION REQUEST

*Complete this section if you are requesting academic accommodation.*

Provide a description of your disability and explain how you are affected in an academic setting.

Specific accommodations you are requesting.

## HOUSING ACCOMMODATION REQUEST

*Complete this section if you are requesting housing accommodations.*

Provide a narrative of your disability and explain how you are affected in daily living situations on campus?

Specific accommodations you are requesting.

## NEXT STEPS

Once your completed form is received and documentation provided, Accessibility Services will contact you to schedule an intake meeting. During this meeting, we will review your accommodation requests and determine next steps. If you have any questions before the meeting, please feel free to reach.

## STUDENT ACKNOWLEDGEMENT

By signing below, I acknowledge that the following are true.

- I have read through the process of requesting support through the Office of Accessibility Services.
- I understand and agree to supply the requested documentation in order to verify my request.
- The information in this form is accurate to the best of my knowledge.
- My participation is voluntary. I may choose to not use accommodations that I am qualified for.
- All information disclosed on this form will be handled in compliance with the Family Educational Rights and Privacy Act (FERPA) and WLC confidentiality policies.
- I understand once my accommodations are approved through the Office of Accessibility Services, that professors and advisors may be notified of my approved accommodations.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For Office Use Only:

Date Received: \_\_\_\_\_

Intake Meeting Scheduled: \_\_\_\_\_

Accommodation Plan Created: \_\_\_\_\_

Additional Notes: \_\_\_\_\_