

**Windward Community College
Office for Students with Disabilities
Program Intake Form**

The following section is to be completed by the student.

Name	
Street Address	
City, Zip Code	
Telephone (home) / (cell)	
E-Mail	
Date of Birth	
High School Graduation Status	Graduated [] Yes [] No Year:
Name of High School	
Completed a GED	

Please list your disability:

Name of doctor, psychologist, or other certifying official	
Position	
Date of Documentation	

Please briefly list any accommodations you have used in an education setting:

Student Signature:
Date:

FOR OFFICE USE ONLY

Admissions application to WCC submitted	
Disability documentation received (date)	

Based on discussion with student, the following accommodations may be requested:

Student referred to the following:

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Other Comments:

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Counselor Signature:

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