

Please indicate whether you are a student with a documented disability\*:

YES \_\_\_ NO \_\_\_ Name (please print) \_\_\_\_\_ WID# \_\_\_\_\_

Wheaton College is committed to providing reasonable accommodations to ensure that all qualified students are provided full access to programs and services. Students with disabilities who require accommodation(s) are encouraged to identify these needs. If you indicated YES, please complete this form.

I acknowledge the disclosure of my disability to Wheaton College.

Student Signature \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Mailbox# \_\_\_\_\_

My disability can be categorized as (check as many as apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Visual Impairment         | <input type="checkbox"/> ADD/ADHD                 |
| <input type="checkbox"/> Mobility Impairment       | <input type="checkbox"/> Learning Disability      |
| <input type="checkbox"/> Deaf or Hard of Hearing   | <input type="checkbox"/> Emotional, Psychiatric   |
| <input type="checkbox"/> Chronic physical disorder | <input type="checkbox"/> Traumatic Brain Injury   |
| <input type="checkbox"/> Seizure Disorder          | <input type="checkbox"/> Autism Spectrum Disorder |

Please describe any accommodations you have used previously including any Assistive Technology or alternative text:

\_\_\_\_\_  
If you are a member of the Reading for the Blind and Dyslexic RFB&D, please include your member ID # and date of renewal. \_\_\_\_\_

**\*IMPORTANT:** An Individual Education Plan or a 504 Plan by itself is not sufficient and must be accompanied by a psycho-educational evaluation and testing. Complete documentation of the disability diagnosis and recommended accommodations is required. If you have current documentation of your disability (completed within the past three years) that meets these requirements, please submit it with this form. To review documentation requirements please refer to the Wheaton website at [www.wheatoncollege.edu/disabilityservices](http://www.wheatoncollege.edu/disabilityservices).

Please submit to: The Filene Center for Academic Advising and Career Services  
Kollett Hall Wheaton College 26 East Main Street, Norton, MA 02766  
Attn: Asst. Dean Denyse M. Wilhelm

CONFIDENTIAL - for office use only: Updated GOAMEDI (Date). \_\_\_\_\_ (Initials) \_\_\_\_\_

Medical Code:  Disability Code:  Equipment Code:  Disability Service: