



OFFICE USE ONLY

Received _____

Intake _____

Pre-Registration Form

This form is required for new students to register with SSD and establish eligibility for accommodations under the Americans with Disabilities Act and other applicable laws and regulations. This is not an official request for accommodations. The information provided will be used as a starting point for determining appropriate accommodations and to facilitate the accommodation process.

Student Information

Name: _____ **W#:** _____

Identify any disability for which you may require accommodations:

Please indicate how this disability was originally diagnosed (if no professional diagnosis has been made, indicate anyone who suggested you might have the above disability or referred you to SSD):

- | | |
|------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Psychologist/Psychiatrist | <input type="checkbox"/> Medical Doctor |
| <input type="checkbox"/> Guidance Counselor (K-12 School) | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Rehabilitation Services (Vocational Rehabilitation) | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> College Instructor/Advisor (WSU or other) | <input type="checkbox"/> Parent or Other Relative |
| <input type="checkbox"/> Other (Please Specify) _____ | <input type="checkbox"/> Self-Diagnosed/Determined |

Please describe any limitations or barriers you have experienced (or may anticipate) related to the above disability; if possible, focus on issues related to your academic needs. Examples: "I cannot complete some exams in the time allowed." or "I cannot see well enough to read a textbook."

SSD cannot authorize an accommodation unless it is supported by documentation. Do you have access to any official records that confirm the diagnosed disability and/or limitations as indicated above?

- ☐ YES ☐ NO ☐ NOT SURE

Identify any accommodations or services which will best enable you as a student to overcome the limitation(s) indicated in the question above. Examples: "Audio textbooks." or "Sign language interpreters for all lectures."

RETURN THE COMPLETED FORM TO THE RECEPTION DESK