

BAKER COLLEGE SPECIAL NEEDS/DISABILITY SERVICES REQUEST FORM

I. Personal Information

Name: _____

Date: _____

Address: _____

UIN: _____

Phone: _____

E-Mail: _____

Cell: _____

YES NO Is it ok to leave confidential information on voice mail?

II. Academic Information

List any previous colleges attended:

List any services requested for orientation and/or placement testing:

III. Disability Information (you may use additional paper to complete your responses, if needed)

Type of disability: (Check One)

Physically Disabled

Learning Disabled

Temporarily Disabled

Other _____

State your specific disability and please describe (Current, formal documentation is required)

Describe how your disability might affect your ability to function at Baker College:

List any medication(s) that you are currently taking and how it might affect your ability to function at Baker College:

Describe what reasonable accommodations (types of services) you are requesting?

Are you currently working with any agencies? YES NO If yes, please list agency, and contact person
