

Westminster College
Support Services for Students With Disabilities

DISABILITY SELF-DISCLOSURE FORM

Name: _____

Campus Mailbox#: _____ Campus Phone: _____

Home Address: _____

Home Phone: _____ E-mail _____

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

___ Learning Disability

___ Psychological

___ ADD/ADHD

___ Mobility Impairment

___ Hearing Impairment

___ Visual Impairment

___ Cognitive (Memory)

___ Speech Impairment

___ Other _____

2. Please describe your disability.

3. Did you receive support services or accommodation in high school? ___Yes ___No
If yes, please describe:

4. Please list any medications that you are currently taking that may affect your learning.

5. May Support Services share information about your disability with your advisor and instructors? Is there specific information you want to always be withheld?

Student signature: _____