

**North Carolina Wesleyan College**  
3400 North Wesleyan Boulevard  
Rocky Mount, NC 27803  
The Office of Counseling and Disability Services  
Student Success Center  
252-985-5216

**Self-Identification and Impact Statement**

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Program of Study (major): \_\_\_\_\_

Term Entering (check one):  Fall  Spring  Summer Year: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact phone#: \_\_\_\_\_

Please indicate the documented disabilities (check all that apply):

Emotional (Psychiatric)

Hearing Impairment

Learning Impairment

Mental Impairment

Orthopedic Impairment (Physical)

Speech/Language Impairment

Visual Impairment (Blind or Low Vision)

Other Health Impairment \_\_\_\_\_

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How does this disability affect you in an educational setting?

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What accommodations have you used in the past?

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What accommodations are you requesting at North Carolina Wesleyan College?

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Return the form to PCB 192A or email to [rmpietryk@ncwc](mailto:rmpietryk@ncwc).