

North Carolina Wesleyan College
3400 North Wesleyan Boulevard
Rocky Mount, NC 27803
The Office of Counseling and Accessibility Services

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):

- | | |
|--|--|
| <input type="checkbox"/> Emotional (Psychiatric) | <input type="checkbox"/> Orthopedic Impairment (Physical) |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Learning Impairment | <input type="checkbox"/> Visual Impairment (Blind or Low Vision) |
| <input type="checkbox"/> Mental Impairment | <input type="checkbox"/> Other Health Impairment _____ |

How does this disability affect you in an educational setting?

What accommodations have you used in the past?

What accommodations are you requesting at North Carolina Wesleyan College?

Email the completed form to Accessibility@ncwc.edu

