

Washtenaw Community College
Learning Support Services - LA 104
4800 East Huron River Dr.
P.O. Box D-1
Ann Arbor, MI 48106-1610

TEL: (734) 973-3342
TTY: (734) 973-3635
FAX: (734) 477-8517

INTAKE FORM

Date _____ Term: Fall _____ Winter _____ Spring _____

NAME _____ Date of Birth _____
(Last) (First)

STUDENT ID # _____ GENDER: F M

EDUCATIONAL PROGRAM _____

GOAL: Certificate Degree Other If other, please specify: _____

TELEPHONE NUMBER _____ or EMAIL ADDRESS _____

Have you received any services here before? Yes No

Were you referred by your instructor or other WCC staff? Yes No

List Course(s) for which you are requesting support

	Course #1	Course #2	Course #3
Course Name & #			
Instructor's Name			
Day & Time Class Meets Room #			

Service requested:

Tutoring I have read and received a copy of LSS Services/Student Responsibilities (pg 1)

I am seeking accommodation(s) in the above listed course(s). I have read and received a copy of LSS Services/Student Responsibilities (pg 2-3)

Please identify and describe the nature of the request.

Student Signature

Date

(Please continue on next page)

Supplemental Information

* **Look this page over carefully**, if you are academically or economically disadvantaged, have a documented disability, or are a limited English speaker, please complete the appropriate section below:

Academically Disadvantaged

(Check the appropriate areas)

- Lack of reading/writing skills
- Lack of math skills
- Dropped out of High School
- Less than a 2.0 GPA
- GED Recipient

Economically Disadvantaged

(Check the appropriate areas)

- Family income at or below poverty level
- Student or parent/guardian unemployed
- Student or parent/guardian receiving assistance
- Student is institutionalized or under guardianship
- Pell Grant recipient
- Student Loan
- Other _____

Documented Disability

(Check all that apply)

- Emotional impairment
- Health impairment
- Visual impairment
- Motor impairment
- Learning Disability
- You do not have a documented learning disability, but need to be tested _____
- Do you have a Vocational Rehabilitation Counselor? _____
- Did you have an IEP (Individual Education Plan in High School)? _____
- Hand impairment
- Hearing impairment
- Mental retardation
- Speech impairment
- Other _____

Limited English Speaker

What is your citizenship? _____

What is your native language? _____

How are you currently improving your English skills? _____

Do you plan to make the United States your permanent home? _____

If none of the above categories apply to you, check here