# Disability Declaration Form

First name:

Last Name:

ctcLink ID Number:

Email address:

Date of birth

1. **Do you attest that you have a disability or health condition and want to request accommodations?**

Yes

No

I am not sure

Additional Note or Comment:

1. **Have you experienced barriers to getting evaluated of your disability or health impacts?**

No access to medical documentation to support the need for accommodation.

No former IEP or 504 plan from HS.

Moved and experiencing challenges to get evaluated.

Cultural/family not supportive of getting a diagnosis.

Or your disability is physical and apparent and you do not think documentation is needed.

Additional Note or Comment:

Signature/Date: