# 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: