Program of Study:	High School graduate: GED:
Nature of Disability to be accommodated	Type of Activity affected by Disability
 Deafness Hearing Impairment Blindness Visual Impairment Speech Impairment Mobility Impairment Coordination Impairment Strength Impairment Endurance Deficiency Learning Disability Attention Deficit Disorder Psychological Disorder Other (please describe) 	 Reading Mathematics Writing Hearing Seeing Mobility Coordination Sitting Standing Speaking Physical Activity Lifting and/or Carrying Concentration Other (please describe)
Have you received, are you receivir rehabilitation agency or other social ser	ng, or will you be receiving assistance from any vocation rvices or medical agency? Yes No
If yes, please list the name, address, ph	one number, and type of assistance for each agency:
Agency:	
Contact Person:	