



# Impact Statement

Use this form to request disability accommodations. This form may be completed alone or with an accessibility services staff member. You may attach additional pages if necessary. In addition to your response, you may also ask others who currently know you or have observed you to submit answers to these questions in a separate document.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Program of study: \_\_\_\_\_ Student ID number: \_\_\_\_\_

Describe in as much detail as possible the diagnosed condition that is currently impacting and substantially limiting your ability to learn.

Documented disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe in as much detail as possible how the diagnosed condition has impacted and substantially limited your ability to learn in the recent past.

Current impact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the accommodations or services that you think you will need to be successful at Durham Tech.

Accommodations/Services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_