Accessibility Services

WOFFORD COLLEGE

Student Impact Statement

This Impact Statement will be used to support your request for disability accommodations at Wofford College. It should:

a. **Be completed by the student requesting accommodations**. If a student's condition prevents them from completing the form or a student prefers to convey their impact statement in alternative way, Accessibility Services will be happy to modify the process.
b. **Be completed as clearly and thoughtfully as possible.** Incomplete responses and illegible handwriting may require additional follow up.
c. **Include information about how your diagnosis impacts you in the educational environment.** All relevant history should be included.

We must first determine if you are an Otherwise Qualified Individual with a Disability. Federal law defines a person with a disability as someone who has a physical or mental impairment that ***substantially limits*** *one or more major life activities. The presence of a diagnosis (label) does not necessarily equate with a disability (substantial limitation).*

Your Name: _____ **Birthdate:** _____
Last First M.I.

Email: _____ **Phone:** _____

Please describe the full impact of your diagnosis in the educational environment (feel free to attach additional pages if needed):

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