



**Spokane Falls Community College  
Disability Support Services  
INQUIRY FORM**

Please fill this out to the best of your ability. This form helps us gather information regarding your disability so we can be prepared to assist you. Information is kept confidential.

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

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Preferred Pronoun:  He/Him  She/Her  They/Them \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Start date or Current Student? \_\_\_\_\_

**DISABILITY INFORMATION**

**Please answer the following questions to the best of your ability:**

- Briefly describe your disability/medical condition and indicate if you have documentation.

Disability / Health History	Can you provide any documentation?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

- Please describe any areas of school you feel your disability impacts you most (such as taking tests, reading, etc.):

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3. If you have side effects from medication which impact your academic performance, please describe below:

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4. Is there anything else you would like us to know about you?

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Next steps:

1. Submit this Inquiry form to Disability Support Services and
2. Submit current documentation of your disability. If you cannot obtain documentation, you can still make an appointment to discuss your situation.
3. Make an appointment for an Intake to discuss your disability and possible accommodations.

#### **OPTIONS TO SUBMIT**

1. **Drop off at SFCC, Bldg. 17, Room 201**
2. **Fax ATTN: DSS to 509-533-4171**
3. **Email to [sfcc.dss@sfcc.spokane.edu](mailto:sfcc.dss@sfcc.spokane.edu)**
4. **Mail to: DSS/SFCC**  
**MS 3011**  
**3410 W Whistalks Way**  
**Spokane, WA 99224**
5. **Phone: 509-533-4166 with any questions**