

Disability Information

	Disability Type	Yes	No	Additional Information
1.	Mental Health Condition			
2.	Seizure Disorder			
3.	Epilepsy			
4.	Developmental Disability			
5.	Deaf/Hard of Hearing			
6.	Intellectual Disability			
7.	Mobility Disability			
8.	Blind/Low Vision			
9.	Sensory Disability			
10.	Learning Disability			
11.	Speech Disability			
12.	Other Disability (specify below)			
13.				
14.				
15.				