**ENROLLMENT OF COLLEGE STUDENTS WITH DISABILITIES**

**Previous Academic Year**

|  |  |  |
| --- | --- | --- |
| **Category of Disability** | **Occupationally-Specific Programs** | **Other Degree-Credit Programs** |
| **Neurodevelopmental** |  |  |
| 1. ADHD |  |  |
| 1. Autism Spectrum Disorder |  |  |
| 1. Communication/Speech |  |  |
| 1. Learning Disability |  |  |
| 1. Motor |  |  |
| **Sensory** |  |  |
| 1. Blind |  |  |
| 1. Low Vision |  |  |
| 1. Deaf |  |  |
| 1. Hard of Hearing |  |  |
| **Mental Health** |  |  |
| 1. Mental Health |  |  |
| **Physical** |  |  |
| 1. Basic Chronic Medical Condition |  |  |
| 1. Mobility |  |  |
| 1. Orthopedic |  |  |
| **Intersystem** |  |  |
| 1. Alcohol/Substance Abuse Recovery |  |  |
| 1. Complex Chronic Medical Condition |  |  |
| 1. Traumatic Brain Injury |  |  |
| **Temporary Disabilities** |  |  |
| 1. Temporary Disabilities |  |  |
| **Unknown Disability** |  |  |
| 1. Unknown |  |  |
| **Total** |  |  |
| **UNDUPLICATED TOTAL** *Count each identified student only once.* |  |  |
| **Students with Multiple Disabilities** *Students reported in this category should be reported in every other sub-category in which they fit. Do not include numbers from Mobility in the Multiple Disabilities count.* |  |  |
|  |  |  |
| **Print Disability** | | **Total** |
| *Count of students with barriers to accessing instructional materials requiring readers, note takers, and/or materials in alternate format.* | |  |
|  | |  |
| **Disability/Accessibility Services Office Staff** | | **Total** |
| **UNDUPLICATED TOTAL** (count each person once, full-time and part-time) | |  |
| **Full Time Equivalent Total** (FTEs) | |  |