**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) |  |