



STATE ENROLLMENT SYSTEM INFORMATION

This information is being requested on a voluntary basis and will be kept confidential. Refusal to provide the information will not result in any adverse treatment.

Name \_\_\_\_\_  
(Please Print)

Program \_\_\_\_\_  
SSN \_\_\_\_\_

**HANDICAPPED (Please check only one)**

H-2	Hard of hearing – individual can hear and understand speech, but with difficulty. The speech must be loud and the individual must use a hearing aid to supplement his own hearing.
H-3	Deaf – Even with amplification of sound provided with a hearing aid, the individual is unable to hear and recognize all speech sounds.
H-4	Speech Impaired – Speech pattern differs from normal to noticeable extent.
H-5	Visually Handicapped – Vision limited even with correction to the extent that modification in the program must be made.
H-6	Seriously emotionally disturbed (required hospitalization)
H-7	Orthopedically (Crippled) Impaired – Individuals have limited ability in self-mobility, muscular, skeletal, or neuromuscular impairment.
H-8	Other Health Impaired – Have limited strength, vitality, and alertness because chronic health problems such as heart condition, tuberculosis, rheumatic fever, nephritis, infection hepatitis, infectious mononucleosis, asthma, hemophilia, epilepsy, leukemia, diabetes, and other illnesses (underline any that apply).
H-9	Deaf and Blind.
H-1	Mentally Retarded.
H-A	Other Multi-Handicapped.
H-B	Specific Learning Disability.

I have a Vocational Rehabilitation counselor. ( ) Yes ( ) No If yes, counselor's name: \_\_\_\_\_  
(Be sure that you have checked the appropriate condition above)

**DISADVANTAGED (Please check only one)**

D-1	Academically Disadvantaged (currently in one or more developmental classes or non-high school graduate and no GED).
D-2	Economically Disadvantaged (PELL, WIA, PEACH, VOCATIONAL REHABILITATION, etc.)
D-3	Academically and Economically Disadvantaged.
D-4	Limited English Proficiency.
D-5	Single Parent.
D-6	Displaced Homemaker (persons who have not been employed outside of the home, recently suffered loss of income, recently became widowed).

Questions concerning D or H codes should be directed to a Special Needs Career Planner in Student Affairs.

\_\_\_\_ Day Student      \_\_\_\_ Evening Student      (Please Check One)

What is your training objective?      Would you like to talk to a counselor to discuss your training objective?  
( ) Complete the entire training program      ( ) Yes      ( ) No  
( ) Complete training until I find a job

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date