

To: Rehabilitation Counselor or
Medical Doctor or
Psychologist/Psychiatrist/Therapist

From: Willow Aureala
Program Coordinator
Ha'awi Kokua Program
(808) 322-4856

The Ha'awi Kokua Program serves Hawaii Community College's students with disabilities

Re (student name): _____

Social Security #: _____

To better assist the above-mentioned student, it is important to have the following information, which will be used for academic support and educational planning at Hawaii Community College. Because this is a federal program, documentation is needed before any accommodations are provided.

- _____ Statement of documented disability
- _____ Vocational Goal/ Career Goal
- _____ Academic major to prepare for vocational goal
- _____ Recommendations for classroom support/accommodations
- _____ Information of learning style and testing support needed

** If the individual has a certified learning disability, please include documents that explain any recommendations for accommodations in the classroom. Please include any reports that may describe these recommendations.

** If the individual has a physical disability, please state how the limitations will impact accessing the classrooms.

** If the individual uses a wheelchair, please describe how they will get to and from the campus.

Send Documents to: Willow Aureala
Ha'awi Kokua Program
Hawaii Community College
81-964 Haleki'i St.
Kealakekua, HI 96745
Or fax to: (808) 322-4839

I (student) authorize the above information to be released to assist Ha'awi Kokua in providing support at Hawaii Community College.

Signature _____

Date _____ 3/09