



Sussex Technical High School

A United States Department of Education National School of Excellence

WBL Student Support Form for SY 2024/2025

Student Name: _____

Student ID#: _____

I have IEP/504 Plan. Yes No

Note: If you do not have an IEP or 504 Plan, the rest of this form is not required.

I am 18 years old or older. Yes No

Disclosure of Disability: According to the U.S. Department of Labor and the Office of Disability Employment Policy, it is your responsibility to disclose. In order to benefit from the ADA and the Rehabilitation Act, you must disclose your disability. Disclosure is the act of sharing your disability and/or your needs to an employer. An employer is only required to provide work-related accommodations if you disclose your disability to the appropriate individuals. (www.dol.gov)

I will disclose my disability to my employer.

I will not disclose my disability to my employer.

I want help disclosing my disability to my employer.

I give permission for the school staff to disclose my disability and needs to my employer.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Transition Coordinator Signature: _____

Date: _____

WBL Coordinator Signature: _____

Date: _____

Confidential Information

For School Use Only