A PUBLIC REGIONAL
COMMUNITY COLLEGE

Accessibility Services

Disability Packet to Request Accommodations

To request accommodations, submit this completed packet (pages 2 and 3) along with the specified supporting documentation as early as possible.

- During peak intake periods (before the fall and spring semesters), submit packets *at least 6 weeks* before the start of the semester to ensure that your approved accommodations will be in place when classes begin.
- If you would like to request accommodations for multiple disabilities, please submit additional verification forms (page 3) with your packet.
- Specific accommodations cannot be discussed until we receive your complete documentation.
- Once we receive your materials and confirm that you are registered for courses, we will call you to schedule an intake appointment. Incomplete packets cannot be processed.
- You will meet one-on-one with a Disability Counselor to formulate reasonable accommodations. This appointment typically lasts 1 hour.
- To prepare for this meeting, please familiarize yourself with "The Differences between High School and College Accessibility Services" (see our website or brochure).

Send all packets to	Or fax privately to
accessibility@northshore.edu	(978) 942-6079

Do not submit this page with your packet; please keep this page for reference.

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Accessibility Services

Self-Identification & Request for Services Form

Name _____ Student # (if known) N00 _____

Program of Study _____ Date of Birth _____

Address _____ City _____ St_____ Zip _____

Primary Phone _____ Email _____

Are you a new student at North Shore Community College? ❑ yes ❑ no

Are you a Veteran? ❑ yes ❑ no

How many credits are you taking? _____ Preferred campus ❑ Danvers ❑ Lynn

For which semester and year are you requesting services?

❑ Fall 20 __ ❑ Spring 20 __ ❑ Summer Session 1 20 __ ❑ Summer Session 2 20 __

Name of documented disability/disabilities _____

Is there other information related to your disability that you would like to convey?

_____

_____

_____

BLVF

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Accessibility Services

Blind or Low Vision Verification Form

For the Student to Complete:

I _____ (print name) grant permission for my disability-related information to be released to Accessibility Services at North Shore Community College. I understand that this documentation is confidential.

_____ _____

Signature Date

For the Licensed Professional to Complete: To verify this student's eligibility for accessibility services and to support the formulation reasonable accommodations, this student must provide current and comprehensive documentation of a disability.

Diagnosis and ICD9 Code _____

Date of onset _____ Date last seen _____

Please describe the student's level of vision loss and whether it is static or changing.

_____

_____

Please describe how the student's vision loss may affect him or her in a college academic setting. _____

_____

Please describe academic accommodations you would recommend for this student. Consideration will be given to your recommendations in combination with provisions of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. _____

_____

Please attach the results of evaluations used to make the diagnosis, including results with numerical descriptions, dates of testing, and specific names of procedures/instruments used.

_____ _____ _____

Licensed professional's printed name licensed professional's signature date

_____ _____ _____

Licensed professional's title office address phone number