



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.

INSR



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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?

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LDVF



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## *Accessibility Services* *Learning Disability Verification Form*

**For the Student to Complete (full page):**

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

Primary Learning Disability Diagnosis \_\_\_\_\_

Date of last evaluation \_\_\_\_\_ Administered by \_\_\_\_\_

First diagnosed (circle one)

Elementary school

Middle school

High School

Other

**Please attach the results of neuropsychological or educational testing administered within the last 5 years. If you do not have these reports, you can usually obtain them from your high school. The testing must include both:**

**Aptitude Scores (This is a measure of your intellectual functioning or IQ. The WAIS-IV is a common assessment tool).**

**Achievement Scores (This is a measure of your academic performance in standardized categories. The WRAT-5, WIAT-III and Woodcock-Johnson Revised are common assessment tools).**

Please note that we cannot process your packet without the reports listed.

You may send your SOP Plan if available, but it is not required.

There is no need to submit your IEP; please do not send this report.