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).

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<tr>
<th>Send all packets to</th>
<th>Or hand-deliver</th>
<th>Or fax privately to</th>
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<tbody>
<tr>
<td>Accessibility Services</td>
<td>DH 160 in the Danvers Health Building</td>
<td>(978) 646-5363 in Danvers</td>
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<tr>
<td>North Shore Community College</td>
<td>LW 121 in the Lynn McGee Building</td>
<td>(781) 586-8465 in Lynn</td>
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<tr>
<td>1 Ferncroft Rd.</td>
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<tr>
<td>Danvers, MA 01923</td>
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Do not submit this page with your packet; please keep this page for reference.
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?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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 3 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-III is a common assessment tool).

- Achievement Scores (This is a measure of your academic performance in standardized categories. The WRAT-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.