



A PUBLIC REGIONAL
COMMUNITY COLLEGE

Disability 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 Disability Services” (see our website or brochure).

Send all packets to	Or hand-deliver	Or fax privately to
Disability Services North Shore Community College 1 Ferncroft Rd. Danvers, MA 01923	DH 101 in the Danvers Health Building LW 121 in the Lynn McGee Building	(978) 646-5363 in Danvers (781) 586-8465 in Lynn

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

INSR



Disability 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?

LDVF



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Disability 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 Disability 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.