



A PUBLIC REGIONAL  
COMMUNITY COLLEGE

### *Disability Services Packet*

In order to adequately meet your educational and academic needs we kindly ask that you complete and return the requested documents at least six weeks prior to the start of the semester for which you expect to receive disability services.

To initiate the process of obtaining services, please complete the following steps:

**1. Complete the Self-Identification Form (second page of this packet)**

All students who are requesting services must personally complete this form.

**2. Complete the Disability Verification Form (third page of this packet)**

This form (s) are to be completed by a licensed professional who is most familiar with you and your disability/educational needs.

**3. Attach the current diagnostic measures of assessments if required (*See Verification Form*).**

**4. Return the completed Disability Packet (*all requested forms and reports*) to Disability Services for review.** All forms must be appropriately completed, submitted collectively at the same time. Incomplete packets cannot be processed.

**5. Once your complete packet has been received, accepted, and reviewed by Disability Services, you will be contacted by Disability Services to arrange for your Disability Intake Interview.** At that time you will meet with a Disability Counselor who has reviewed your documentation and is familiar with your educational needs. Together, you will work to formulate reasonable accommodations for your academic plan. This initial meeting is interactive and takes approximately one hour to complete.

**Submit your completed packet to: Disability Services**

Mail: North Shore Community College  
1 Ferncroft Road  
Danvers, Massachusetts 01923

Office: Danvers Health Building DH101

Fax: (978) 646-5363 or (978) 646-5336

INSR



A PUBLIC REGIONAL  
COMMUNITY COLLEGE

*Disability Services  
Self-Identification Request for Services From*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female

NSCC Email: \_\_\_\_\_ Phone or Cell #: \_\_\_\_\_

Program of Study: \_\_\_\_\_ New NSCC Student  Returning NSCC Student

Semester of Services Requested (First semester in which you require Disability Services)

Fall (Sept.) 20\_\_\_\_\_ Spring (Jan.) 20\_\_\_\_\_ Summer Session I \_\_\_\_\_ Summer Session II \_\_\_\_\_

Credits Enrolled for Requesting Semester: \_\_\_\_\_

Which campus is most convenient for you to meet with a Disability Counselor to process your request for services?

Danvers Campus   
(DH101)

Lynn Campus   
(LW121)

Please identify your specific disability (or disabilities):

---

---

---

---

---

---

---

