



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) 646-5363 in Danvers
	(781) 586-8465 in Lynn

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?

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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