



## **Accessibility Services**

### *Disability Packet to Request Accommodations*

**To request accommodations, submit this completed packet 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 and 4) 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 email 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).

**Email all packets to:**

[accessibility@northshore.edu](mailto:accessibility@northshore.edu)

**or Fax privately to:**

(978) 942-6079

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

INSR



## Accessibility Services

### *Self-Identification & Request for Services Form*

Name \_\_\_\_\_ Student # (if known) N00 \_\_\_\_\_

Program of Study \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 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? Fill out one:

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?

\_\_\_\_\_

ADVF



## Accessibility Services

### *ADHD 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.

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Signature

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Date

#### For the Licensed Professionals 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 (DSM criteria) \_\_\_\_\_

Date of onset \_\_\_\_\_ Date last seen \_\_\_\_\_

Level of Severity (check one)      Mild \_\_\_\_      Moderate \_\_\_\_      Severe \_\_\_\_

Please list medications prescribed to this student for this condition and side-effects (if any) that may impact the student in a college academic setting.

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## ADVF

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 Disability Act of 1990. \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please attach the results of diagnostic assessments administered within the last 3 years.***

\_\_\_\_\_  
Licensed professional's printed name

\_\_\_\_\_  
Licensed professional's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed professional's title

\_\_\_\_\_  
Office address

\_\_\_\_\_  
Phone number