

# Application Packet for Accommodations

In order to get the accommodations you need (such as extra time on tests and quizzes, copies of notes, etc.) please provide the following:

**1. Current documentation of your disability. This would include at least ONE of the following:**

- A. If you recently graduated from high school then you would provide a copy of your **most recent IEP or 504 plan AS WELL AS your last 3-year evaluation** (neuropsychological testing) done by your high school. You/your parents may have copies of these. If not, request them from your high school. This is typically what you will need if you have a learning disability.
- B. If you are an adult learner with any learning disability that you would like accommodated, you would need verification of your diagnosis by a qualified individual who has the training to assess and diagnose learning disabilities. Examples of such professionals include clinical or educational psychologist, school psychologist or Neuropsychologists. The assessments (usually referred to as **neuropsychological or psychoeducational testing**) should include assessment of aptitude/cognitive ability, academic achievement, and information processing.

**\*\*If you did not have an IEP/testing/Learning Disability (A or B listed above), then you will likely need the next form instead\*\***

- C. **The Physical and Psychiatric verification form** (included in this packet) is to be completed by your physician (if you have a medical/physical condition) or your counselor/psychiatrist (for any mental health condition)

- 2. The documents in this packet:**
- \* Application for Reasonable Accommodations
  - \* My Learning Profile Worksheet
  - \* Permission to Release and Exchange Information Form

**3. After you have the paperwork from steps 1 and 2 in order, please e-mail, fax it or drop it off to:**

**Melissa Olson, M.Ed, Accessibility Coordinator**  
**MCC Learning Commons/Library, room 268**  
**E-MAIL: [molson@ccsnh.edu](mailto:molson@ccsnh.edu) FAX: 603-206-8282**

- 4. When you submit ALL of the above information, you can the schedule an appointment with the Accessibility Counselor to finalize your plan at a later date in person, via ZOOM, e-mail or by phone.**

***\*\*Please note your plan is NOT final/active until you have a meeting with Accessibility, have finalized the plan, and been given copies to pass along to your instructors \*\****

## **Mission Statement**

It is the mission of the CCSNH Office of Accessibility to provide equal educational access, opportunities and experiences to all qualified students with documented disabilities who register with the college's Office of Accessibility.

Reasonable accommodations are provided to students to allow them to achieve at a level limited only by their abilities and not by their disabilities. Assistance is provided in a collaborative way to help students develop strong and effective independent learning and self-advocacy skills as they assume responsibility for reaching their academic goals.

## **Non-Discrimination Policy**

Manchester Community College does not discriminate in the administration of its admissions and educational programs, activities, or employment practices on the basis of race, color, religion, national origin, age, sex, disability, veteran status, sexual orientation, or marital status. This statement is a reflection of the mission of the Community College System of New Hampshire and Manchester Community College and refers, but is not limited, to the provisions of the following laws:

1. Title VI and VII of the Civil Rights Act of 1964
2. The Age of Discrimination Act of 1967 (ADEA)
3. Title IX of the Education Amendment of 1972
4. Section 504 of the Rehabilitation Act of 1973
5. The Americans with Disabilities Act of 1990 (ADA)
6. Section 402 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974
7. NH Law Against Discrimination (RSA 354-A)

# Application General Information Page

Date: \_\_\_\_\_

**Please provide general information about you:**

Date of Birth: \_\_\_\_\_

Student ID# \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

*\*Please put a star next to the phone number we should use first to contact you ☺*

Is it okay for us to leave a message with our information on your voicemail?    Yes    No

School e-mail: \_\_\_\_\_ Other e-mail: \_\_\_\_\_

*\* We will send all e-mails to your school address unless you put a star next to your other e-mail*

**Check all that apply:**     I am a current MCC student     I just applied     I have Registered for classes.

**What program are you in/applying for?** \_\_\_\_\_

**What do you plan to achieve at MCC?**     Associates Degree     Certificate     Transfer to another college

**Diagnosis/disability:** 1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

**Assistive technology you use or find helpful** (ie. Wheelchair, FM transmitter, dragon software, etc):

\_\_\_\_\_  
\_\_\_\_\_

**Outside agencies you are connected with** (Vocational Rehabilitation): \_\_\_\_\_

\_\_\_\_\_

**Questions/Concerns:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My learning Profile

*Please check whether each task is a strength, challenge, or "okay" for you...*

<u>TASK</u>	<u>Strength</u>	<u>"Okay"</u>	<u>Challenge</u>	<u>Comment:</u>
Attention/Concentration				
Taking notes				
Starting, organizing, and completing tasks				
Interacting with others				
Understanding social cues				
Oral Expression/talking				
Following directions				
Self-advocacy (speaking up for what I need)				
Seeing				
Understanding information that I hear				
Understanding information that I see				
Memorizing information				
Hearing				
Putting thoughts into writing				
Using my hands/ Fine motor coordination				
Processing speed				
Sitting for long periods				
Moving around (standing/walking)				
Tolerating stress				
Being motivated				
Being Responsible				
Finishing tests on time				
Spelling				
Word recognition/decoding				
Understanding what I read				
Reading at a normal rate/speed				
Doing math calculations				
Doing math word problems				
Managing time				
Studying				
Giving presentations to the class				
Spatial visualization				
Other (Please list):				

I learn best in a: Visual \_\_\_\_\_ Auditory \_\_\_\_\_ OR Hands-on \_\_\_\_\_ classroom.

Comments:

## Consent to release/exchange Student Disability information

**This form provides permission for the MCC Accessibility Coordinator to discuss DISABILITY RELATED INFORMATION with the following people/agencies.**

Information is exchanged to help determine eligibility for a plan and assist in the development of accommodations and services.

I, \_\_\_\_\_, hereby give the Accessibility Coordinator permission to disclose/exchange information regarding my disability with:

My Parent(s)/Guardian(s).

○ Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

○ Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

My Doctor. Name/Practice: \_\_\_\_\_

My Counselor/Psychiatrist. Name/Practice: \_\_\_\_\_

My Community or Funding Agency. Name/Agency: \_\_\_\_\_

MCC's Student Support Counselor, Kristen Butterfield-Ferrell

Other: \_\_\_\_\_ Relationship: \_\_\_\_\_

I understand that the information may be released verbally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for documentation received marked otherwise). I understand that I may revoke this Consent at any time but must do so in writing.

Name: (Print) \_\_\_\_\_ (Signed) \_\_\_\_\_

Date: \_\_\_\_\_ Student ID#: \_\_\_\_\_

\_\_\_\_ I did not fill out the above because I DO NOT give permission for information to be shared/exchanged with any outside persons/agencies for the purpose of providing accessibility services.



**PLEASE STOP HERE...**

**If you plan to attach the following to document your disability:**

1) For recent high school graduates: Neuropsychological/psychoeducational testing (often referred to as a 3-year evaluation) along with an IEP or 504 for recent high school graduates.\*

**OR**

2) For adult learners/students not identified with a disability in high school: Neuropsychological testing from a qualified outside source, that documents the disability(ies) for which you are seeking accommodations for.\*

*\*Please submit most recent documents and evaluations.*

**PLEASE CONTINUE on to the next form and pass it in if:**

\*You wish to document a physical or mental health diagnosis or disability. The form should be given to your physician for physical health conditions (such as hearing loss, Crohn's disease, Lyme, etc.) or to your psychologist/counselor for mental health related issues (such as depression, anxiety, bipolar, etc).

**If you still have questions regarding documentation, please contact the Accessibility Counselor for clarification.**

Thank you 😊



# Verification Form for Physical or Psychiatric Conditions

Name of MCC Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

To: Professional's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Are you:  Medical  Psychiatric  Counselor  Other: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone & Fax \_\_\_\_\_

The above person is applying for services/accommodations from the Office of Accessibility at MCC. To help our office make the most appropriate determination of accommodations, the following information is requested. **Please print clearly** and complete form completely. If you have questions, please call (603) 206-8142. *Thank you for your cooperation!*

### 1. Statement of Diagnosis/Conditions/Disability(ies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of assessment procedures/evaluations used to make the diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

2. The above mentioned disability(ies) is/are:  Permanent/Chronic  Temporary  
Severity is:  Mild  Moderate  Severe

3. Please list all current medications, and possible side-effects that could potentially impact academic performance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In your professional opinion, is this a condition that **substantially limits one or more major life activities**; as defined in the ADA? Major life activities means functions such as **caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.** Please circle: YES NO

### 5. Functional Limitations within an academic setting (due to disability):

limited ambulation  visual acuity  degree of hearing loss (\_\_\_\_\_)  
 easily distracted  severe test anxiety  difficulty maintaining stamina/energy

Other: \_\_\_\_\_



**Due to diagnosis, substantial difficulty with:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> processing auditory information            | <input type="checkbox"/> processing visual info          | <input type="checkbox"/> concentrating     |
| <input type="checkbox"/> using hands/motor skills                   | <input type="checkbox"/> written expression              | <input type="checkbox"/> math calculations |
| <input type="checkbox"/> reading comprehension                      | <input type="checkbox"/> organizational skills           | <input type="checkbox"/> memorizing info   |
| <input type="checkbox"/> handling time pressures and multiple tasks | <input type="checkbox"/> responding to change            |  |
| <input type="checkbox"/> responding to authority figures            | <input type="checkbox"/> responding to negative feedback |  |

Other: \_\_\_\_\_

**6. Services and accommodations that you would recommend for this student that are SPECIFICALLY related to symptoms and diagnosis (please include rationale if needed):**

- |   |  |
|---|--|
| <input type="checkbox"/> extended time on tests       | <input type="checkbox"/> copies of notes                         |
| <input type="checkbox"/> extra time for clarification | <input type="checkbox"/> use of calculator                       |
| <input type="checkbox"/> digitally record lectures    | <input type="checkbox"/> reduced distraction testing environment |
| <input type="checkbox"/> preferential seating         | <input type="checkbox"/> scribe or reader for tests              |
| <input type="checkbox"/> physical breaks from class   | <input type="checkbox"/> meet with Coordinator weekly/bi/monthly |
| <input type="checkbox"/> sign language interpreter    | <input type="checkbox"/> audio books                             |

**Please list other accommodations that you might recommend and rationale:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please sign and date below, as well as indicate your title and credentials*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Credentials and License No: \_\_\_\_\_

**Note:** Disability documents are kept separate from academic records in a locked file cabinet in the Office of Accessibility.

**Please return this completed form to:**

**Melissa Olson, M.Ed**  
**Accessibility Coordinator, Manchester Community College**  
**1066 Front St, Manchester, NH 03102**  
[molson@ccsnh.edu](mailto:molson@ccsnh.edu)  
**Phone: 603-206-8142 Fax: 206-8282**

Thank you 😊