

Accessibility Services

P: 603-271-6484 x4291

F: 603-230-9309

NHTIaccessibilityservices@ccsnh.edu

Academic Accommodations Application

Checklist of documents to submit to Accessibility Services:

- Application form
- FERPA form
- Documentation (see Documentation Guidelines in the application packet)

Please submit paper via:

Email/scan: NHTIaccessibilityservices@ccsnh.edu (PREFERRED METHOD)

Mail: Accessibility Services, Academic Center for Excellence
NHTI
31 College Drive
Concord, NH 03301

In person: Academic Center for Excellence

Once your paperwork is received, Accessibility Services will reach out to schedule a meeting between you and the coordinator of Accessibility Services to go over your Letter of Accommodation (LOA). Paperwork can take approx. 3-4 weeks to process, so please plan accordingly.

Your accommodations are not valid until you meet with the coordinator of Accessibility Services, sign off on the LOA, and provide copies of the LOA to your instructors.

If you have questions or need assistance filling out the application, please call 603-230-4027.

NOTE:

Disability documents are kept separately from academic records.

Submission of this application and documentation does not guarantee that an LOA will be granted.

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Date _____

My status is Incoming Enrolled

I will be taking classes: Online On campus

Last school attended _____

Current NHTI program _____

Student ID _____ Date of Birth _____ Primary Phone _____

Student name _____ Other Phone _____

first middle last

May we leave a message with our information on voicemail? Yes No

Student email: _____ @students.ccsnh.edu

Other email: _____

NOTE: Once you have a student email address, all email correspondence will be sent to that address

My diagnosis/disability is (check all that applies):

- | | |
|---|---|
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Deaf/hard of hearing |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Learning difference/disability |
| <input type="checkbox"/> Blind/visual impairments | <input type="checkbox"/> Mobility impairment |
| <input type="checkbox"/> Chronic illness/medical condition | <input type="checkbox"/> Psychiatric/psychological |
| <input type="checkbox"/> Other: _____ | |

Agencies you work with: _____

1. Please check areas where your disability affects your academic performance:

- | | | |
|---|--|---|
| <input type="checkbox"/> Finishing tests on time | <input type="checkbox"/> Giving presentations to the class | <input type="checkbox"/> Understanding what I hear |
| <input type="checkbox"/> Starting, organizing, and completing tasks | <input type="checkbox"/> Self-advocacy (speaking up for what I need) | <input type="checkbox"/> Using my hands/fine motor coordination |
| <input type="checkbox"/> Understanding what I see | <input type="checkbox"/> Word recognition/decoding | <input type="checkbox"/> Putting thoughts into writing |
| <input type="checkbox"/> Sitting for long periods of time | <input type="checkbox"/> Understanding what I read | <input type="checkbox"/> Oral expression/talking |
| <input type="checkbox"/> Moving (standing/walking) | <input type="checkbox"/> Taking notes | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Doing math word problems | <input type="checkbox"/> Seeing | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Reading at a normal rate/speed | <input type="checkbox"/> Hearing | <input type="checkbox"/> Memorizing information |
| <input type="checkbox"/> Tolerating stress | <input type="checkbox"/> Processing speed | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Managing time | <input type="checkbox"/> Studying | <input type="checkbox"/> Doing math calculations |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Spatial visualization | <input type="checkbox"/> |

Other: _____

2. Please describe what academic accommodation(s) you think you need. Be sure to include any accommodations you received in the past that you have found helpful.

3. Do you have a disability that would hinder you from evacuating a building in an emergency?

Yes No

4. What assistive technology do you use?

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FERPA Permission to Release and Exchange Information

Section A: Agencies/Individuals Outside NHTI

I give NHTI Accessibility Services my permission to discuss pertinent educational, psychological, and/or medical records for the purpose of providing disability support services at NHTI. This includes contact by email, fax, telephone, and in person. I understand that there is a separate NHTI FERPA form for student records. My signature below grants NHTI Accessibility Services permissions to contact the individuals listed in Section A for information pertaining to my disability as it relates to my current academic status.

NOTE: You can include parents, siblings, significant others, doctors, counselors, vocational rehabilitation counselors, etc. It's your decision who to include on this list.

I give permission for information to be released TO and FROM the following:

Name	Agency/relationship	Phone

Section B: The NHTI Community

I give permission to Accessibility Services to speak with the following individuals, only as it pertains to the purpose of addressing my need for accommodations. No medical or diagnostic information shall be shared.

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic advisor | <input type="checkbox"/> Program adviser | <input type="checkbox"/> Faculty |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> Residential Life staff | <input type="checkbox"/> Athletic coach | |

By signing below, I understand and agree that the information will be released effective immediately until NHTI Accessibility Services has received written notice to revoke this form. I understand that a copy of this permission shall have the same force as the original.

Print name: _____

Signature _____ Date _____

In compliance with the Americans with Disabilities Act, the ADA Amendments Act of 2008, and Section 504 of the Rehabilitation Act, it is the responsibility of students with disabilities at the postsecondary level who are requesting accommodations to submit documentation of disabilities. Appropriate documentation includes:

- ADHA/ADD: Neuropsychological or psychoeducational evaluation and/or NHTI Disability Verification Form
- Learning Disabilities and Autism Spectrum Disorder: Neuropsychological or psychoeducational evaluation
- Physical, medical, and Chronic Health: NHTI Disability Verification Form
- Speech and Language: Neuropsychological or psychoeducational evaluation
- Traumatic Brain Injury/other cognitive disabilities: Neuropsychological or psychoeducational evaluation and/or NHTI Disability Verification Form

Students are also encouraged to submit paperwork showing receipt of accommodation at other schools (high school, colleges, or universities) to aid in the process of determining reasonable accommodations, although the same accommodations are not guaranteed. Also, an IEP or 504 Plan by itself is not sufficient documentation to determine eligibility for accommodations in postsecondary education because of differences between postsecondary education and high school education. Disability documentation should be current, relevant, and completed by a qualified professional. Accessibility Services reserves the right to request updated documentation to support specific accommodations. Documentation is considered on a case-by-case basis to understand how the individual is impacted by their disability in the postsecondary education environment. Documentation received by Accessibility Services is kept confidential and separate from other academic records. NHTI is not required to provide diagnostic testing services.

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Disability Verification Form for Academic Accommodations

THIS FORM MUST BE COMPLETED AND SIGNED BY A LICENSED PROFESSIONAL. This completed form IS NOT TO BE GIVEN BACK TO THE STUDENT. Please have the provider send the form directly to Accessibility Services.

In reference to student _____ Student DOB _____

Professional's Name _____

Title/Credentials _____

Affiliated Practice/Agency/School Name _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

The student named above is applying for disability supports at NHTI—Concord's Community College. Your knowledge of the student's diagnosis, medications, and functioning levels will assist us in determining the most appropriate accommodations as the student pursues a program of study here. PLEASE PRINT CLEARLY AND COMPLETE THE ENTIRE FORM.

Date of Initial Contact with Student _____ Frequency of Visits _____

Diagnoses _____

Summary of Assessment Procedures/Evaluations Used to Make Diagnosis _____

Prognosis Chronic Temporary
Severity Mild Moderate Severe

Describe symptoms currently experienced by student (frequency and duration). _____

List all medication side effects that could impact academic performance. _____

In your professional opinion, check off the major life activities encountered in an academic environment that are substantially limited by the student's condition (as defined by ADA standards 42 U.S. Code 12202).

- | | | |
|---|--|--|
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Bending | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Reaching | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Walking | <input type="checkbox"/> Concentrating |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Eating | <input type="checkbox"/> Interacting with others |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Reading | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Caring for oneself | <input type="checkbox"/> Writing | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Operating a major bodily function | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Working | <input type="checkbox"/> Performing manual tasks | |
| <input type="checkbox"/> Other: _____ | | |

Describe how the disability interferes with the activities checked off above as they may be encountered in the academic environment.

The following accommodations are those that are typically provided for students with disabilities in academics. Check off any and all accommodations that you recommend specifically related to the student's symptoms and diagnosis.

- | | |
|--|--|
| <input type="checkbox"/> Extended time on tests | <input type="checkbox"/> Reduced distractions in test environments |
| <input type="checkbox"/> Alternate test formats | <input type="checkbox"/> Ergonomic seating |
| <input type="checkbox"/> Note taker | <input type="checkbox"/> Electronic format of textbooks |
| <input type="checkbox"/> Recording lectures | <input type="checkbox"/> Use of calculator |
| <input type="checkbox"/> Sign language interpreter | |
| <input type="checkbox"/> Other: _____ | |

Print name: _____

Signature _____ Date _____

This completed form is NOT to be given back to the student. Please send it directly to NHTI via:

Email/scan: NHTIaccessibilityservices@ccsnh.edu (PREFERRED METHOD)

Mail: Accessibility Services, Academic Center for Excellence
NHTI
31 College Drive
Concord, NH 03301

In person: Academic Center for Excellence

If you have questions, please call 603-230-4000 x4291