



Granite State College Student Disability Services Application for Accommodations

Today's date _____

1. Name (Last) _____ (First) _____ (Middle) _____

2. Mailing address _____

3. Day phone _____ Evening phone _____ Cell phone _____

4. Preferred E-mail address _____

5. Student Identification Number _____

6. Male _____ Female _____ Date of birth _____

7. Previous Education attained: _____

8. Previous school attended: _____

Did you receive accommodations? Yes _____ No _____

What were they? _____

9. Student Status at GSC:

Non degree _____ prospective student _____ current student _____

Term and Year Enrolled _____

Advisor _____

10. Check which is/are applicable:

_____ hearing disability _____ mobility disability _____ chronic illness

_____ visual disability _____ psychological disability _____ physical disability

_____ learning disability: (please specify) _____

_____ ADD/ADHD _____ Autism _____ Asperger's Syndrome

_____ Other: (please specify) _____

Please describe how your disability affects your academic studies:

Assistive technology you use and/or outside agency you work with (ex: Voc Rehab)

Please indicate support services you may need:

audio books e-books extended test time
 Quiet testing space recording device Voice recognition program
 ASL interpreters' classroom accommodations
 Other (please specify) _____

Accommodations will be determined once all official documentation is received and reviewed. Please allow 3 weeks from date of receipt of all documentation.

Mail form to: Student Disability Services
 Granite State College
 25 Hall St.
 Concord, NH 03301

Fax #: 603.415.1038 (confidential fax line)

Email GSC.SDS@granite.edu

Granite State College is committed to providing appropriate accommodations and services to students with disabilities under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Americans with Disabilities Amendments Act of 2008.



25 Hall St Concord, NH 03301
(603) 513-1140

Authorization to Review Documentation

(Purpose: this signed form will allow Student Disabilities Services to view your official documentation in order to determine accommodations..)

I, the undersigned, authorize GSC Student Disability Services to review all official medical and/or psychological documentation concerning my disability as it relates to my ability to participate in an academic program at Granite State College.

A photocopy of this Authorization shall be considered as valid as the original.

I understand that to best determine the appropriate accommodations for my disability, GSC staff members and instructors may need to discuss aspects of my disability, learning style, or past experiences. I hereby give permission, for GSC Student Disability Services, members of the College's student support teams, and instructors for courses in which I am enrolled, to discuss only the aspects of my accommodation plan and academic history which will effect needed accommodations for me to be successful at the college.

All official documentation will remain confidential.

Return this form to GSC Student Disability Services at the above address.

Signature _____

Address _____

Date _____



25 Hall St Concord, NH 03301
(603) 513-1140

Information Release Form

(Purpose: This form is to be given to your medical, psychological/psychiatric licensed provider, or learning disability evaluator in order to permit them to send test reports and any documentation to GSC Student Disability Services.)

I, the undersigned, authorize and request you to provide complete information concerning my physical/psychological disability and/or learning disability as it relates to my ability to participate in an academic program at Granite State College.

Send complete documentation including test results to:

GSC Student Disability Services
Granite State College
25 Hall St.
Concord, NH 03301
603.513.1140
Fax: 603.415.1038 (confidential fax line)

My primary care provider and anyone dealing with my disability may rely on the continued effectiveness of this release in the absence of notice of revocation.

A photocopy of this Authorization shall be considered as valid as the original.

Student Signature _____

Date _____

Guidelines for Documentation of a Learning Disability

To qualify for services, a student must provide current documentation (no older than four years) of disability as determined by a licensed physician and/or certified psychologist or other specialist who is skilled in the diagnosis of such a disability.

1. The documentation must include the following:

- A current psycho-educational evaluation and the resulting diagnostic report, which should include a diagnostic interview, assessment of aptitude, academic achievement and information processing, and a diagnosis. A school plan such as an individualized education program (IEP), a 504 plan, or a summary of performance is insufficient documentation, which should not be sent to the Student Disabilities Services office.
- Statement of impact and limitations on academic performance in a college classroom. Include medical history related to current use of medication and the impact of medication on the student's ability to meet the demands of the academic program.
- Recommendations for academic adjustments to compensate for the disability.

2. Documentation must be on letterhead, and include the name and title of the practitioner, signature and date.

3. Accommodations are always individually determine on a case by case basis.

All documentation is confidential and should be submitted to:

GSC Student Disability Services
Granite State College
25 Hall St.
Concord, NH 03301
(603)513.1140

Guidelines for Documentation of a Physical/Psychiatric Disability

To qualify for services, a student must provide current documentation (no older than **four** years) of disability as determined by a licensed physician and/or certified psychologist or other specialist (e.g., audiologist, optometrist, neurologist) who is skilled in the diagnosis of such a disability.

1. The documentation must include the following:
 - Clear statement of diagnosis, and whether it substantially limits one or more major life activities such as: walking, seeing, hearing, learning or working.
 - Date of diagnosis, including prognosis. Is the condition expected to improve over time or is it permanent?
 - Statement of impact and limitations on academic performance in a college classroom. Include medical history related to current use of medication and the impact of medication on the student's ability to meet the demands of the academic program.
 - Recommendations for academic adjustments to compensate for the disability.
2. Documentation must be on letterhead, and include the name and title of the practitioner, signature and date.
3. Some conditions, due to their changing nature, may warrant additional updated documentation in the future.
4. Accommodations are always individually determined

All documentation is confidential and should be submitted to:

GSC Student Disability Services
Granite State College
25 Hall St.
Concord, NH 03301
603.513.1140



25 Hall St Concord, NH 03301
(603) 513-1140

Disability Provider Information

Dear _____

You are being asked to provide documentation of disability for your client, _____ . Please fill out the form below and attach the appropriate supplemental documentation. Thank you in advance for your support and cooperation in this matter.

Practitioner Name/Title _____ Date _____
Address _____
Phone & Fax _____

The above person is applying for services from the Disability Services Center at GSC. 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) 513-1140.

1. Statement of Conditions/Disability: _____

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

2. The above mentioned disability: is/are: _____ Permanent/Chronic _____ Temporary:

Severity is: _____ Mild _____ Moderate _____ Severe

3. 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

4. Functional Limitations within an *academic* setting (due to disability):

___ limited ambulation ___ visual acuity ___ degree of hearing loss
___ easily distracted ___ *severe* test anxiety ___ difficulty maintaining energy

SUBSTANTIAL DIFFICULTY WITH:

___ processing auditory information ___ concentrating ___ memorizing information
___ using hands ___ writing ___ processing visual info ___ performing math calculations
___ organizational skills ___ reading comprehension ___ reading decoding
___ handling multiple tasks Other: (please specify) _____

6. Services and accommodations that you would recommend for this student that are SPECIFICALLY related to symptoms and diagnosis:

___ audio books ___ e-books ___ extended test time
___ quiet testing space ___ recording device ___ voice recognition program
___ ASL interpreters' ___ classroom accommodations
___ Other: (please specify) _____

Please list other accommodations that you might recommend and rationale:

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

Name: _____

Title/Credentials _____

Signature: _____

Date: _____

Please return the completed form and supplemental documentation to:

Granite State College
Student Disability Services
25 Hall Street
Concord NH 03301
603.513.1140
Fax: 603.415.1038 (confidential fax line)