

9. I have received Special Education Services in the past. Yes No

10. What academic accommodations/services do you feel would be most helpful? _____

11. Other colleges that I have attended _____

12. My major is _____ My career goal is _____

13. I will be using public transportation I have my own transportation

14. I have applied for Financial Aid Yes No

Agency/Contact Information

15. I am a client of:

Counselor's Name Office Phone/TTY

Massachusetts Rehabilitation Commission _____

Other state Vocational Rehabilitation agency _____

Department of Mental Health _____

Department of Mental Retardation _____

Community counselor/therapist _____

NILP (Northeast Independent Living Program) _____

Other community resources _____

Emergency Evacuation Information

16. I need physical assistance during an emergency evacuation Yes No

16a. If yes, I understand I need to give a copy of my schedule each semester to Security (Room C107) and request assistance during an Emergency Evacuation. Yes No

Exchange of Information

17. I understand that the Learning Accommodations Center may need to consult with NECC offices such as the Assessment Center, Academic Services, and Enrollment Management and Student Services regarding accessing accommodations and services. Yes No

Student's Signature

Date

Learning Accommodations Staff Signature

Date

FOR OFFICE USE ONLY: to be completed by the LA Center Staff completing the RSM

Documentation Submitted

Documentation to be obtained

Obtain information Release signed

Obtain information Release forwarded

Permission to Release Form signed

Permission to Release Form forwarded

Campus and Community Referrals to: _____