



100 Elliott Street, Haverhill, MA 01830

Tel: 978-556-3654

## LEARNING ACCOMMODATIONS CENTER

www.necc.mass.edu/learningaccommodations

Behrakis One-Stop Student Services Center, SC111

Fax: 978-556-3168

email: [lacenter@necc.mass.edu](mailto:lacenter@necc.mass.edu)

### Disability Verification Form

Name of NECC Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_

The above named individual is applying for services from the Learning Accommodations Center. In order to provide equal access, the Learning Accommodations Center provides services, accommodations and support to students with documented disabilities in accordance with applicable state and federal laws. Students are required to provide current documentation of their disability. Please complete the form below to assist us in determining this student's eligibility for reasonable accommodations. We may need to contact your office for more information to help us determine accommodations for this student.

**Please note: This form can only be filled out by someone who has a professional relationship with this student, is a treating clinician, and qualified to make the diagnoses below. This could include a Physician, Nurse Practitioner, Psychologist, Psychiatrist, Neuropsychologist, Licensed Clinical Social Worker, Licensed Mental Health Counselor or other relevantly trained and licensed professional.**

*Disability documents are kept as part of the student's confidential file in the Learning Accommodations Center.*

**Please Note: Students may request a copy of this document.**

#### 1. Statement of Diagnosis or Diagnoses

Primary: \_\_\_\_\_ Length of Time expected to have this Diagnosis: \_\_\_\_\_

Secondary: \_\_\_\_\_ Length of Time expected to have this Diagnosis: \_\_\_\_\_

Other: \_\_\_\_\_ Length of Time expected to have this Diagnosis: \_\_\_\_\_

#### 2. Summary of assessment procedures/evaluations used to make the diagnosis(es) and evaluation results.

#### 3. Summary of current symptoms including nature, frequency, severity, known triggers, progression, and prognosis.

#### 4. Please list all current medications and side effects that could potentially impact academic performance.

5. Specify the current functional limitations (physical, cognitive, learning, behavioral, and social).

6. What is the disability's current impact on this student's functioning in an educational setting? What type of functional limitations may affect academic performance or accessibility? Please be as specific as possible.

7. In your professional opinion, does this student require accommodations in order to be provided with equal access? If so, what accommodations would you suggest to address this student's functional limitations? (We make the final decision). See attached page for examples of accommodations used by college students.

Accommodations Needed	Functional Limitations To Be Accommodated

8. What are this student's strengths and what compensatory strategies does the student use that are beneficial?

9. Additional Comments:

Please sign and date below, indicate title and credentials, and provide contact information. Please print legibly.

Signature \_\_\_\_\_ Title/Credentials/License# \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

## Examples of Accommodations Available to College Students

Each student's individual needs are evaluated based on the documentation provided. (We make the final decision.)

- Assistive Technology:
  - Computer with word processing software
  - Alternative format textbooks
  - Text to Speech software
  - Voice Recognition software
  - Magnification devices and software
- Enlarged materials
- Extended testing time
- Note taker
- Preferential seating
- Reader
- Recorded lectures
- Reduced Course load
- Reduced distractions testing environment
- Scribe
- Specialized furniture i.e. desks, chairs
- Visual assistant