

**Northern Essex Community College**  
**CENTER FOR ACCESSIBILITY RESOURCES & SERVICES (CARS)**  
**DEAF AND HARD OF HEARING SERVICES (DHHS)**

6. I understand that I am required to submit appropriate documentation in order for the CARS/DHHS to determine eligibility and recommend reasonable accommodations. ☐ Yes ☐ No

## **Academic Assessment Information and Accommodation Request(s)**

7. I have taken the Academic Assessment. ☐ Full Waiver ☐ Yes (Date: \_\_\_\_\_) ☐ No
8. I am requesting accommodations for the Academic Assessment. ☐ Yes ☐ No

## **Academic Classroom/Course Accommodation Request(s)**

9. I am requesting the following academic classroom or course accommodations/services:
- \_\_\_\_\_

## **Agency/Contact Information**

10. I am a client of:

State Vocational Rehabilitation Agency: Counselor's Name/Office & Telephone Number

☐ MassAbility: \_\_\_\_\_

☐ NH Rehabilitation Commission: \_\_\_\_\_

Other State Agency:

☐ Department of Mental Health: \_\_\_\_\_

☐ Department of Developmental Services: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Counselor/therapist: \_\_\_\_\_

☐ Other resources: \_\_\_\_\_

## **Other General Information**

11. I have applied for Financial Aid. ☐ Yes When? \_\_\_\_\_ ☐ No

12. Other colleges that I have attended: \_\_\_\_\_

13. I plan to participate in Intercollegiate Athletics. ☐ Yes ☐ No

14. I understand that I need to make my own arrangements for transportation to the college and I have made the necessary transportation arrangements. ☐ Yes ☐ No

15. Optional: ☐ I am a Veteran ☐ I am on Active Duty

## **Emergency Evacuation Information**

16. Do you need emergency personnel assistance (i.e. NECC Public Safety, Fire/Police.)? ☐ Yes ☐ No

CARS informs NECC Public Safety of your course schedule. To learn more about Emergency Evacuation procedures at NECC, please set up an appointment with the NECC Public Safety Director, [publicsafety@necc.mass.edu](mailto:publicsafety@necc.mass.edu)

## **Exchange of Information**

17. I understand CARS or DHHS may need to consult with NECC offices such as the **Testing Center, Academic Services, and Enrollment Management and Student Services** regarding accommodations and services.

☐ Yes ☐ No

\_\_\_\_\_  
Student's Signature (electronic signature ok)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CARS/DHHS Staff (electronic signature ok)

\_\_\_\_\_  
Date