



Requesting Accommodations

A student seeking accommodations due to a learning, neurological, physical, health related or psychiatric challenge is required to submit documentation, with this completed form, to the Disability Support Services office after acceptance to the College. This is used to verify eligibility for accommodations under Section 504 of the Rehabilitation Act of 1973 and the ADA Amendments Act of 2008. Protection under these civil rights statutes is determined on a case by case basis and is based upon review of documentation of a current disability that substantially limits a major life activity.

The process to apply and determine eligibility for disability support services is as follows:

1. Fill out the Voluntary Statement of Special Learning Needs

- This is also available at: <https://www.middlesex.mass.edu/disabilityservices/downloads/volsta.pdf>
- If you choose to complete the form electronically, download the most recent, free version of Adobe Acrobat, and use the digital signature feature to sign the form. Save the completed form for submission by email.
- If requesting College Placement Testing (CPT) accommodations, eligibility will be determined based on documentation submitted **before** the CPT is scheduled. The Writing section of the CPT is the only timed section.

2. Obtain documentation from a qualified medical, psychiatric, psychological and/or educational specialist verifying your declared disability:

- Medical/Sensory Disability: Diagnosis, history, and current functional limitations. *Use form in link below.
- Attention Deficit Disorder: Diagnosis, history, and current functional limitations. *Use form in link below.
- Autism Spectrum/Asperger's Syndrome: Neuropsychological Evaluation.
- Learning Disability: Neuropsychological/psychoeducational evaluations containing aptitude and achievement scores and narrative report (e.g. current editions of WAIS, Woodcock-Johnson Batteries, WIAT).
- Psychiatric Disability: Diagnosis, history, and current functional limitations. *Use form in link below.

*Forms can be downloaded from: <https://www.middlesex.mass.edu/disabilityservices/forms.aspx>.

Disability Support Services cannot provide accommodations without documentation that verifies a specific disability. For details, refer to Documentation Guidelines: <https://www.middlesex.mass.edu/disabilityservices/documntation.aspx>

3. Return Completed Voluntary Statement and Documentation:

Mail or drop off to: Middlesex Community College
Disability Support Services Bedford
Enrollment Center, 2nd Floor
591 Springs Road, Bedford, MA 01730

Email mail to: disabilityservices@middlesex.mass.edu, or FAX: Attn: Disability Support at 781-275-7126

- ### 4. Notification:
- Following review of your records, you will receive a letter (by US Postal Service) notifying you of your eligibility status and requesting that you call to schedule an intake interview. If you have any questions, please call Disability Support Services at 781-280-3630 or email disabilityservices@middlesex.mass.edu.



Voluntary Statement of Special Learning Needs

Last Name: _____ First Name: _____ Student ID#: _____

Date of Birth: _____ Home Phone #: _____ Student Cell Phone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Expected Year and Semester of Enrollment: _____

Expect to take classes on the following campus: choose one Bedford Lowell Both

TYPE(S) of SPECIAL NEEDS YOU HAVE

Medical Disability; check if Hearing Related Vision Related Mobility Related Fine Motor Related

Other please specify _____

ADD or ADHD Autism Spectrum Disorder Learning Disability Psychiatric Disability

Please list any services or accommodations you think you will require due to your disability: _____

Will you be requesting accommodations for the College Placement Test (CPT): Yes No
Extended time for CPT writing Distraction reduced setting Other for Physical/Sensory

RELEASE OF INFORMATION

I will obtain my documentation (i.e. medical records, clinical evaluations and/or high school educational evaluations) from the following sources and give Disability Support Services permission to review these and contact the sources for additional information if needed.

High School Attended _____ Year of Graduation _____

Name, phone number of Agency/Professional with most recent records _____

Name, phone number of Rehabilitation Counselor (if any) _____

Signature of Student _____ Date _____

Mail completed form and documentation to:

Middlesex Community College
Disability Support Services
Bedford Enrollment Center, 2nd Floor
591 Springs Road
Bedford, MA 01730

Or email to: disabilityservices@middlesex.mass.edu or FAX: Attn: Disability Support at 781-275-7126

PLEASE NOTE: Disability Support Services cannot provide accommodations without documentation that verifies a specific disability. An Individual Education Plan (IEP) alone is not sufficient documentation.