MIDDLESEX Community College
BEDFORD • LOWELL

DISABILITY SUPPORT SERVICES
A Department of Student Affairs

1-800-818-3434 • www.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: ☐ Bedford ☐ Lowell ☐ Both

TYPE(S) of SPECIAL NEEDS YOU HAVE

☐ Physical Disability; check if ☐ Hearing Related ☐ Vision Related ☐ Mobility Related ☐ Fine Motor Related

☐ Other please specify _____

☐ Psychiatric Disability; please specify _____

☐ Learning Disability; please specify _____

☐ ADD or ADHD ☐ Other Type of Disability; please specify _____

☐ Autism Spectrum Disorder

Please list any services or accommodations you think you will require as a result of your disability.

_____

_____

Will you be requesting accommodations for the College Placement Test (CPT)* ☐ Yes ☐ No

☐ Extended time - Writing portion (Reading & Math untimed)
☐ Distraction reduced test setting
☐ Accommodations for Physical/Sensory Disability

RELEASE OF INFORMATION

I will be obtaining my documentation (i.e., professional neuropsychological evaluations, medical records, psychiatric evaluations, and/or high school educational evaluations and IEPs) from the following sources and give Disability Support Services permission to keep these records on file.

High School Attended _____ Year of Graduation _____

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

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

Signature of Student _____ Date _____

A student's Individual Education Plan (IEP) from High School alone is not sufficient documentation. Please submit all disability documentation and applicable testing as detailed on reverse of this form. Disability Support Services cannot provide accommodations without documentation that verifies a specific disability.

Eligibility for College Placement Testing will be determined based on documentation submitted before CPT is scheduled.

RETURN COMPLETED FORM AND DOCUMENTATION TO ➔

BE SURE TO INCLUDE APPROPRIATE DOCUMENTATION

Disability Support Services
Bedford Enrollment Center – 2nd Floor
591 Springs Rd, Bedford MA 01730

Phone: 781-280-3630
disabilityservices@middlesex.mass.edu

Disability Support Services
Lowell Campus City Building – 3rd Floor
33 Kearney Square, Lowell MA 01852

Phone: 978-656-3258
disabilityservices@middlesex.mass.edu

MIDDLESEX Community College
BEDFORD • LOWELL

DISABILITY SUPPORT SERVICES
A Department of Student Affairs

1-800-818-3434 • www.middlesex.mass.edu

Thank you for your interest in Disability Support Services at Middlesex Community College. In an effort to help your experience here to be a successful one, we would like to provide you with the opportunity to request accommodations and services. 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 Americans with Disabilities Act of 1990. 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.**

2. **Obtain documentation from a qualified medical, psychiatric, psychological and/or educational specialist verifying your declared disability and forward it to our office with your Voluntary Statement:**
   - Learning Disability: Neuropsychological/psychoeducational evaluations containing aptitude and achievement scores *(e.g. current editions of WAIS, Woodcock-Johnson Batteries, WIAT)*.
   - Attention Deficit Disorder: Diagnosis, history, and current functional limitations. *https://www.middlesex.mass.edu/disabilityservices/downloads/adhd11.pdf*
   - Autism Spectrum Disorder: Neuropsychological Evaluation.
   - Psychiatric Disability: Diagnosis, history, and current functional limitations. *https://www.middlesex.mass.edu/disabilityservices/downloads/psych11.pdf*
   - Physical Disability: Diagnosis, history, and current functional limitations. *https://www.middlesex.mass.edu/disabilityservices/downloads/medsens0215.pdf*

Contact Disability Support Services at 781-280-3630 for specific forms for documentation ***or download forms from https://www.middlesex.mass.edu/disabilityservices/forms.aspx***

If you have any questions, please call the Disability Support Services Office at 781-280-3630 or email disabilityservices@middlesex.mass.edu.

Remember, if you have a disability and wish to have services or accommodations, you must complete and return this form along with documentation of your disability.

Following review of your records, we will notify you of your eligibility status and send you a letter requesting that you call for an intake interview.

Eligibility for College Placement Testing (CPT) accommodation will be determined based on documentation submitted before CPT is scheduled.