
REQUESTING ACADEMIC AND ENVIRONMENTAL ACCOMMODATIONS

Fitchburg State College encourages students with disabilities to participate fully in all academic programs and student activities. The Office of Disability Services works with students, faculty, and staff to remove barriers to access and encourage universal design. Our primary objective is to promote independence, build skills, and facilitate achievement of educational goals for individuals with disabilities. Disability Services also serves the campus community as a resource center for medical and legal advocacy, information, and referrals.

Disability Services is responsible for verifying student eligibility for accommodations and for coordinating accommodations across campus. Students must request services themselves and must provide appropriate documentation to support the need for such services.

To obtain academic and/or environmental accommodations, please do the following:

Step 1

Obtain up to date copies of your medical documentation and complete the Office of Disability Services forms. Once you have obtained copies of your disability documentation from your high school (or from the medical provider who is most familiar with your needs and your disability) complete and sign the Statement of Learning Needs and Release of Information forms (attached). Documentation must clearly state your diagnosis, describe the symptoms which impact your ability to function in the educational environment and provide specific recommendations for accommodations. All documentation received by the college is strictly confidential and is held in accordance with the Family Educational Rights and Privacy Act (FERPA) and related regulations.

Step 2

Meet with the director and make a plan. Bring forms, along with copies of your medical documentation, to Disability Services for processing. Based on information provided by you, in combination with information from your medical documentation, we will draft an Accommodation Agreement (ADA/504 Plan) that outlines what specific accommodations you are eligible for. You can then present this plan to your course instructors each semester to advise them of your needs.

Please be aware that some accommodations may take up to 12 weeks to obtain, so students are strongly advised to meet with the director and establish eligibility well before the semester begins. If you have any questions about disability documentation guidelines or this process, please do not hesitate to contact us for support.

**Registering with the Office of Disability Services
Student Checklist**

- Gather copies of your disability documentation (for example, psycho-educational testing, relevant medical reports, etc.)
- Tell us about your learning needs (fill out the Statement of Learning Needs).
- Complete the Release of Information. Provide information relevant to the medical documentation that you are submitting to the office to establish your eligibility for disability services.
- Submit copies of your documentation along with forms (Statement of Learning Needs and Release of Information) to the Office of Disability Services for processing.
- Contact the Office of Disability Services and schedule an appointment to meet with the director.
- Meet with the director of Disability Services to develop your accommodation agreement (Section 504/ADA Plan).
- Provide your instructors with copies of your accommodation agreement (Section 504/ADA Plan). Meet with each instructor early in the semester to discuss your specific needs.
- Work closely with the Office of Disability Services and your course instructors throughout the semester to insure your academic success at Fitchburg State College.

STATEMENT OF LEARNING NEEDS

Fitchburg State College offers accommodations for eligible students with documented disabilities. To request academic or en I accommodations, complete both sides of this form and return it along with copies of your disability documentation to: The office of Disability Services, Fitchburg State College, 160 Pearl Street, Fitchburg, MA 01420

Voluntary Disability Disclosure

Name: _____ Birth Date: _____ Student ID #: _____

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

Phone: _____ Cell: _____ E-mail: _____

If not yet a Fitchburg State student, when do you plan to attend?: _____

What type of disability/disabilities are you requesting accommodations for? Please check all that apply.

Learning Disability Psychological/Emotional Disability Physical Disability

In your own words, please describe your disability and any symptoms which impact you in the academic and/or residence hall environment. Attach additional pages if necessary.

Disability Diagnosis/Diagnoses: _____

Symptoms of this disability that could interfere with your academic success: _____

Request for Disability Accommodations

Please check any services that you require as a result of your disability and briefly describe them. All requests must be supported by recent and relevant medical documentation. For detailed information about what disability accommodations are available at Fitchburg State, please visit the Disability Services page on the college Web site at www.fsc.edu or contact the office directly at (978) 665-4020 (Voice/Relay).

Testing Accommodations (describe): _____

Adaptive Technology and Software (describe): _____

Communication Devices (describe): _____

Alternate Format Materials (describe): _____

Residence Hall Accommodations (describe): _____

Other (please specify): _____

Please Note: For handicapped parking information, please visit www.fsc.edu/aboutus/campus map.

Release of Information

This form provides Fitchburg State College with your permission to review medical documentation and consult with diagnosticians and/or practitioners about your disability. Please fill in information about the documentation that you are providing to establish your need for services. Also include information about any other individuals that you would like us to confer with about your disability. All documentation received by the college is strictly confidential and is held in accordance with the Family Educational Rights and Privacy Act (FERPA).

If providing us with documentation (such as a psycho-educational evaluation) from a **high school/K-12**.

School: _____

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

Phone Number: _____

Name and credentials of evaluator: _____

If providing us with recent medical documentation from a **clinic or hospital**.

Doctor/Psychiatrist/Therapist: _____

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

Phone Number: _____ Clinic/Hospital Affiliation _____

If you would like us to be able to confer with a **counselor or personal coach** who is working with you.

Agency (i.e. Massachusetts Rehabilitation): _____

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

Phone Number: _____

Name of counselor & title: _____

Note: Students are responsible for following up with their high schools and/or medical practitioners in obtaining and/or photocopying documents. Requests for accommodations will be processed when all completed forms have been submitted along with supporting medical documentation. Accommodations will be initiated after an eligibility review and intake evaluation has been completed.

I give Fitchburg State College permission to review and retain educationally related diagnostic information, such as medical records, professional evaluations, and educational plans. I realize that this information will be reviewed by the director of Disability Services and will be kept separate from my academic records.

Signature of Student: _____ Date: _____

Name (print): _____ Date of Birth: _____ SSN or Student ID: _____