



**Assumption College
Student Accessibility Services
500 Salisbury Street
Worcester, MA 01609**

Dear Student,

In order to establish eligibility and to work more effectively with you in the provision of services, please complete the enclosed consent and information forms and provide documentation of disability as outlined by our documentation guidelines. All records will remain strictly confidential and are not a part of your academic record.

CONFIDENTIALITY

Assumption College recognizes that student disability records contain confidential information and are to be treated as such. Therefore, documentation of a student's disability is maintained in a confidential file in Student Accessibility Services. Information related to a disability may be disclosed only with the permission of the student or as permitted by the university's student records policy and federal law. However, students' right to privacy must be balanced against the university's need to know the information in order to provide services and accommodations. Therefore, in the interest of serving the needs of the student, the provision of services may involve Student Accessibility Services disclosing disability information provided by the student to appropriate College personnel participating in the accommodation process. The amount of information that may be released is determined on a case-by-case basis, and will be made in accordance with the university's policy on student records.

I have read and understand the above policies and agree with the terms. I also understand that by signing my name I have provided consent for the length of time I am enrolled as a student at Assumption College. My consent can be changed or revoked by me at any time.

OPTIONAL: If there are additional questions pertaining to the documentation I provide, I give Student Accessibility Services the right to contact the professional who completed the evaluation to obtain further information so that we can appropriately determine reasonable accommodations. Yes _____ No _____

Signature: _____

Name (Print): _____ Date: _____

All forms must be returned directly to:

Assumption College, Student Accessibility Services, 500 Salisbury Street, Worcester, MA 01602
508-767-7500 Phone 508 767-7139 Fax

ALL FORMS AND DOCUMENTATION MUST BE RETURNED IN A TIMELY MANNER ALLOWING FOR REASONABLE NOTICE OF NEED TO ACCOMMODATE. PLEASE NOTE, SOME ACCOMMODATIONS TAKE WEEKS TO IMPLEMENT.

**Assumption
College Student
Accessibility
Services
Information Form**

A. Personal Information

Name: _____

Gender: Male Female

Class Year: _____

Cell Phone: _____

Home Phone: _____

B. Disability Information

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Attention Deficit Disorder (AD/HD) |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Traumatic Brain Injury (TBI) |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Other _____ | |

Use the following scale to answer the questions below.

1= Excellent 2=Good 3= Average 4= Fair 5= Poor

- _____ How well would you say you understand the nature of your disability?
- _____ How well would you say you understand the ways in which your disability impacts your academics?
- _____ How well would you say you understand the ways in which your disability impact other aspects of your life?
- _____ How well would you say you understand your academic strengths?
- _____ How well would you say you understand your academic weaknesses?

Use the following scale to answer the questions below.

1=Strongly Agree 2= Agree 3= Not Sure 4= Disagree 5= Strongly Disagree

- _____ I feel confident and comfortable introducing myself to my professors to discuss my accommodations.
- _____ I am able to explain what accommodations have worked in the past and what I need in each of my classes.
- _____ I am comfortable reviewing my accommodation memo with each of my professors and coordinating accommodations with them.

In your own words please briefly describe your disability, including the cause (if known), date of onset and how it currently impacts you.

C. Current Medication(s)

Name: _____ Amount: _____ Times per day: _____ Start date: _____

Name: _____ Amount: _____ Times per day: _____ Start date: _____

Name: _____ Amount: _____ Times per day: _____ Start date: _____

**Assumption College
Student
Accessibility
Services Information
Form**

**D. Academic Information
(Undergraduate students only)**

What are your academic strengths? _____

What are your academic weaknesses? _____

How do you study? _____

Do you routinely use a planner or calendar? _____ If yes, what do you use and is it helpful? _____

If no, how do you keep track of due dates and assignments? _____

Are you comfortable asking for help with academics when you need it? _____

**E. Personal Information
(Undergraduate students only)**

What are your extracurricular interests? _____

Do you play or will you be playing a varsity sport? _____

What clubs and activities do you participate in or plan to join? _____

Tell us a little about yourself. _____
