



Reasonable Accommodation Plan Application & Information Packet

The application process can take approximately 3-4 weeks, so please plan accordingly.

CHECKLIST of Required Forms and Supporting Documents

Application Forms

- Application for Reasonable Accommodations
- My Learning Profile Worksheet
- Permission to Release and Exchange Information Form

Supporting Documents

- IEP or 504 Plan **AND** your last 3-year evaluation (neuropsychological testing)

AND/OR

- Physical and Psychiatric Verification Form (*only if required; form included in packet*)

Further explanation and requirements for supporting documentation provided on page 2.

Submit ALL required paperwork at one time by:

MAIL Nashua Community College
ATTN: Jodi Leah Quinn
505 Amherst Street
Nashua, NH 03063

FAX (603) 833-1636

E-MAIL jquinn@ccsnh.edu

You can also DROP IT OFF at NCC's Academic Success Center | Room 100.

NEXT STEPS AFTER SUBMITTING COMPLETED PACKET

- Register for classes by making an appointment with your Academic Advisor.
- Schedule an appointment with the Disabilities Support Coordinator to finalize your Reasonable Accommodation Plan.

Call (603) 578-8930 and the ASC Support Staff will assist you in scheduling an appointment or answer any questions you may have.

**** NOTE: Your plan is NOT final until you have met the Disabilities Coordinator to finalize and sign your plan and obtain copies of your plan to give to your instructors at the start of the term. ****

Explanation of Supporting Documentation

Supporting documentation must be signed by a licensed professional.

Typically, evaluations must be completed within the last *three years* prior to admittance to NCC.

For recent high school graduates who had an IEP or 504 Plan:

A copy of your most recent IEP or 504 Plan **AND** your last 3-year evaluation (neuropsychological testing) completed while you were in high school. You/your parents may have copies of these. If not, request the IEP or 504 Plan **AND** last 3-year evaluation from your high school.

For high school graduates who graduated *three or more years ago* who had an IEP or 504 Plan:

A copy of *updated* neuropsychological testing for students who have been out of high school for three (3) or more years.

For those who never had an IEP or 504 Plan in high school:

A copy of neuropsychological testing verifying that you qualify for a Reasonable Accommodation Plan in college:

- adults who suspect they have a learning disability and/or the whose evaluation was completed more than 5 years ago

You will need to have an evaluation completed by a qualified professional.

For those with physical or psychiatric conditions:

The Physical and Psychiatric Verification Form (included in the RAP Application Packet) *must be completed by one **OR** both of the following:*

- your physician (if you have a medical/physical condition)
- your counselor/psychiatrist (if you have a mental health condition)

ADDITIONAL INFORMATION AVAILBLE: <http://www.nashuacc.edu/student-services/academic-success-center/disability-services>

If you have additional questions, contact:

Jodi Leah Quinn, M. Ed.
Director of Academic Success Center
Disabilities Support Coordinator
Nashua Community College
505 Amherst Street
Nashua, NH 03063
Phone: (603) 578-8930
Fax: (603) 883-1636
Email: jquinn@ccsnh.edu
Web: www.nashuacc.edu

Submission of application & documentation does not guarantee that a RAP will be granted.



Application for a Reasonable Accommodation Plan

General Information

Date: _____

Date of Birth: _____

Student ID# _____

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Primary Phone: _____ Other Phone: _____

May we leave a message with our information on your voicemail? Yes No

Student e-mail: _____ Other e-mail: _____

** Once you have applied to NCC and received a college email all email will be sent to your college email address.*

What program are you in/applying for _____

My diagnosis/disability: 1) _____

2) _____

3) _____

4) _____

Assistive technology you use (ie. Wheelchair, FM transmitter, etc) or outside agency you work with (Voc Rehab, etc.) _____

Check all that apply: ___ I am a current NCC student

I have: ___ Applied to NCC ___ Taken the Accuplacer test ___ Registered for classes

Questions/Concerns: _____

Student Name:		MY LEARNING PROFILE: Please check whether a task is a strength, challenge, or "okay" for you.		
TASK	Strength	"Okay"	Challenge	Comment:
Attention/Concentration				
Taking notes				
Starting, organizing, and completing tasks				
Interacting with others				
Understanding social cues				
Oral Expression/talking				
Following directions				
Self-advocacy (speaking up for what I need)				
Seeing				
Understanding information that I hear				
Understanding information that I see				
Memorizing information				
Hearing				
Putting thoughts into writing				
Using my hands/ Fine motor coordination				
Processing speed				
Sitting for long periods				
Moving around (standing/walking)				
Tolerating stress				
Being motivated				
Being Responsible				
Finishing tests on time				
Spelling				
Word recognition/decoding				
Understanding what I read				
Reading at a normal rate/speed				
Doing math calculations				
Doing math word problems				
Managing time				
Studying				
Giving presentations to the class				
Spatial visualization				
Other (Please list):				
I learn best in a: Visual _____ Auditory _____ Hand-ons _____ classroom. Comments:				



505 Amherst Street, Nashua, NH 03063
 P: (603) 882-6923 F: (603) 882-8690
 Web: nashuacc.edu

PERMISSION TO RELEASE and EXCHANGE INFORMATION
 with NCC Disability Services Coordinator

Student Name _____

Student ID # _____ Date of Birth _____

I give Nashua Community College's Disabilities Support Coordinator my permission, to discuss pertinent educational, psychological, and/or medical records for the purpose of providing disability support services at NCC. This includes contact by e-mail, fax, telephone, and in person.

A copy of the Permission to Release & Exchange Information shall have the same force as the original.

I give permission for information to be released TO and FROM the following:		
Name of person	Relationship or Agency	Contact Information

* You can include parents, siblings, significant others, doctors, counselors, Voc Rehab counselors, etc. It's your decision who you include on this list.

OR

_____ I DO NOT give permission for information to be shared/exchanged with any outside persons/agencies for the purpose of providing disability support services.

I understand and agree that the information will be released effective until the NCC Disabilities Support Coordinator has received written notice to revoke this form.

NOTE: You can revise the **PERMISSION TO RELEASE and EXCHANGE INFORMATION** form at any time by submitting an updated, signed form. Terms are effective upon date received by NCC Disabilities Support Office.

Signature: _____ Date: _____



Verification Form for Physical or Psychiatric Conditions

THIS FORM MUST BE COMPLETED & SIGNED BY A LICENSED PROFESSIONAL

NCC Student Name: _____ **Date of Birth:** _____

Professional's Name: _____

You are a: ___ Medical Dr. ___ Psychiatric Dr. ___ Licensed Counselor ___ Other: _____

Practice Name: _____

Address _____

Phone _____ **Fax** _____

The above person is applying for disability services at NCC. To assist our office in making the most appropriate determination for accommodations, the following information is requested.

Please print clearly and complete the entire form. If you have questions, call (603) 578-8930.

1. Statement of Conditions/Disability(ies): _____

Summary of assessment procedures/evaluations used to make the diagnosis: _____

2. The above mentioned disability(ies) is/are: ___ Permanent/Chronic ___ Temporary:

Severity is: ___ Mild ___ Moderate ___ Severe

3. Please list all current medications, and possible side-effects that could potentially impact academic performance: _____

4. In your professional opinion, is this a condition that substantially limits one or more major life activities as defined by ADA standards (42 U.S. Code § 12102 - Definition of disability)? Major life activities are functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Please circle: YES NO

NCC Student Name: _____

5. Functional Limitations within an *academic* setting (due to disability):

limited ambulation visual acuity degree of hearing loss (_____)
 easily distracted *severe* test anxiety difficulty maintaining stamina/energy

SUBSTANTIAL DIFFICULTY WITH:

processing auditory information concentrating memorizing information
 using hands expressing self in writing processing visual info
 performing math calculations organizational skills reading comprehension
 reading/decoding handling time pressures/multiple tasks
 responding to change responding to negative feedback
 responding to authority figures other: _____

6. Services and accommodations that you would recommend for this student that are SPECIFICALLY related to symptoms and diagnosis (please include rationale if needed):

extended time on tests copies of notes audio books
 extra time for clarification digitally record lectures use of calculator
 sign language interpreter scribe or reader for tests preferential seating
 physical breaks from class meet with Coordinator weekly/bi/monthly
 reduced distraction testing environment

Please list other accommodations that you might recommend and rationale: _____

Professional's Signature Required:

Name: _____

Signature: _____ Date: _____

Title/Credentials and License No: _____

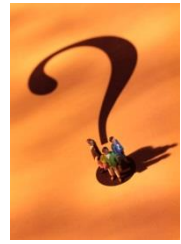
Note: Disability documents are kept separate from academics records in a locked file cabinet in the Disability Services Office.

Please return this form to:

NASHUA COMMUNITY COLLEGE
Attn: Jodi Leah Quinn, M.Ed.
Disabilities Support Coordinator
505 Amherst St. Nashua, NH 03063

Email: jquinn@ccsnh.edu Phone: (603) 578-8930 Fax: (603) 883-1636

Disability Support Services Frequently Asked Questions:



When should I contact NCC about my disability?

Students with disabilities should contact the Disabilities Support Coordinator as soon as possible. This will ensure that the student has enough time to get adequate documentation of his/her disability. Also, students can be given accommodations for the Accuplacer test. All students are encouraged to contact the Disabilities Support Coordinator at least 4-6 weeks prior to the start of the semester that he/she plans to enroll.

What is the difference between services offered for disability students in college vs. high school?

There are many differences, one being that the student is responsible to set up their RAP. To see other differences, please see next page.

Do I have to apply if I had an IEP or 504 in High School or does it just transfer over to college?

You **MUST** apply with us if you want accommodations. Having an IEP or 504 in high school is helpful for us to look at as part of your application for a Reasonable Accommodation Plan, but it does not guarantee services and there are other requirements required. Please refer to the intake packet or contact the Disabilities Support Coordinator for more information.

Are 504 Plans and IEPs accepted as documentation of a disability at the college level?

IEP's and Section 504 plans **are not** accepted as the **sole form** of documentation of a disability. They will be accepted along with current evaluations. If you had an IEP in high school and are coming directly to college, chances are you were evaluated by the high school in the last 3 years and would not need to be re-evaluated. Be sure to contact your high school for copies of these to include in your application packet.

Will I receive the same accommodations that I received in high school?

Students should not assume that accommodations provided in high school will also be given in college. Also, in high school some IEP's contained modifications as well as accommodations. The college provides reasonable accommodations and does not modify course content or objectives; accommodations are provided to ensure equal ACCESS.

What types of classroom accommodations are considered?

Examples of possible classroom accommodations are: 50% extended time on tests and quizzes, quiet room for testing, use of a digital recorder in class, use of a four function calculator in math, etc. Accommodations can vary based upon needs and type of disability.

I have/ think I have a learning disability but I do not have current documentation or I have never been tested. What should I do?

If you feel you have a disability, it is best to have an evaluation during your junior/senior year of high school. If you have graduated or the high school will not provide the re-evaluation, you should meet with a qualified professional in your local area. Costs incurred for obtaining appropriate documentation are the responsibility of the student and are not provided by the college.

If you have questions, you may want to talk to your PCP (your private insurance MAY cover it), a licensed psychologist/psychiatrist who can do the testing (or knows someone who can) or you can contact Voc Rehab if you are currently receiving services from them. The evaluator will decide the battery of tests to give you based on your situation.

Differences between High School and College for Students with Disabilities

K -12	COLLEGE
Education is a RIGHT and must be provided in an appropriate environment to ALL individuals.	Education is NOT a RIGHT. Students must meet certain admissions criteria defined under ADA as "otherwise qualified."
School district is responsible to identify a student's disability.	Students must SELF-IDENTIFY with Disability Services.
School district provides free testing, evaluation and transportation to program.	Student must provide current and appropriate documentation. If it is not adequate, the student can attain an evaluation at his or her own cost.
School district develops the Individualized Education Plans (IEP) to define educational services.	NO IEP is developed in college, as there is no special education. Please do not submit the IEP for services.
Through the school district the IEP Team determines all IEP supports and services that will be provided.	The student is responsible to activate the approved services at the start of each semester.
Fundamental alteration of programs and curricula are required.	No fundamental alterations are required.
Personal services for medical or physical disability are required.	No personal services are required.

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