

WMCC C/O Helene Anzalone, Accessibility Services Coordinator ASC Room 124C 2020 Riverside Drive Berlin, NH 03570 Phone: (603) 752-3059 Fax (603) 752-6335 hanzalone@ccsnh.edu

SELF-REFERRAL FOR SUPPORT SERVICES

If you have been diagnosed with a disability that will require support services or accommodations in the academic setting, please complete and sign the request below. We will do our best to accommodate your needs and determine the best way to deliver those services.

To be eligible for support services, students are required to provide documentation of their disability to the Accessibility Services Coordinator. This information is confidential and is used exclusively to plan appropriate accommodations. Documentation, in most cases, must have been completed within 3 years and must include:

1.) A clear statement of the disability,

2.) A summary of the assessment procedures and evaluation instruments used to make the diagnosis, and

3.) A summary of evaluation results, impact on learning and suggested accommodations based on the documented disability that may, if deemed reasonable be included in the Reasonable Accommodation Plan if student qualifies.

This form and any other documentation may be returned to the Accessibility Services Coordinator using the contact information in the upper right-hand corner. (drop by, phone, fax, mail or email)

| I have a docu | umented disability in the followi | ng area(s): 🗆 ADD/ADHD | □Psychiatric/Psychological |
|---------------|-----------------------------------|------------------------|----------------------------|
| Physical | Chronic Health Condition | Learning Disability | □Other |

I am interested in discussing accommodations in the following area(s):
Assistive Technology

| □ Reading and Writing | 0 | | Assessment Accommodations |
|--------------------------|---------------|------------|---------------------------|
| Other | | | |
| | | | |
| | | | |
| Name: | Da | te: A-Numb | er: |
| WMCC email/other email: | | Phone: | |
| College Major/Program Ch | noice/Campus: | | Semester: |
| | | | |
| | | | |

Date Received by Accessibility Services Coordinator:

Rev. 12-2019