Thank you for contacting the Office of Disability Support Services (DSS) at Dean College. Students seeking accommodations must complete this form and submit documentation of their disability. Documentation guidelines are available online at [www.dean.edu/Academics/DisabilitySupport.cfm](http://www.dean.edu/Academics/DisabilitySupport.cfm). Students are also required to meet with the DSS Coordinator prior to or as early in the semester as possible to review eligibility for accommodations and, if applicable, obtain copies of their Letter of Accommodation.

I. Student Information

Name: ____________________________  Today’s date: ______________________
Permanent Address: ____________________________
Phone # (Cell): ______________________  Phone # (Permanent) ______________________
Dean e-mail address: ____________________ Other e-mail address: ____________________
Current student:  □ Freshman  □ Sophomore  □ Junior  □ Senior
Prospective Student:  □ Prospective Transfer Student  □ Prospective 1st Year Student
First Enrollment or Anticipated Entrance Date: ______________________

II. Academic History

<table>
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<tr>
<th>High schools attended</th>
<th>Dates of attendance</th>
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<table>
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<tr>
<th>Colleges/universities attended</th>
<th>Dates of attendance</th>
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III. Disability-Related Information

Please answer the following questions about your disability and how it may impact your ability to learn, attend or participate at Dean College.

1. Please identify your diagnosed disability. Check all that apply:

- [ ] Learning Disability (Please specify):
- [ ] Attention Deficit/Hyperactivity Disorder
- [ ] Chronic Medical Condition: (Please specify)
- [ ] Food Allergy: (Please specify)
- [ ] PDD/Asperger’s Syndrome
- [ ] Physical/Mobility Impairment
- [ ] Psychiatric/Psychological Disability
- [ ] Neurological: (Please specify)
- [ ] Communication/Speech Impairment
- [ ] Visual Impairment or Blindness
- [ ] Deaf or Hearing Impairment
- [ ] Substance Abuse (Recovery)
- [ ] Acquired or Traumatic Brain Injury
- [ ] Temporary Injury/Condition
- [ ] Other: (Please specify)

2. Please describe the impact of your disability in an academic setting.

3. Did you receive academic accommodations in high school or at a previously-attended college/university? If yes, please list all of the accommodations you used.

4. Do you require physical accessibility assistance? If so, please describe.

5. Do you require housing accommodations? If so, please describe. Students requesting housing and/or meal plan accommodations must also complete the Residence Life Accommodation Request Form and provide documentation supporting their specific housing needs.
IV. Support Services/Academic Adjustments

Specifically identify the accommodations you are requesting:

Testing Accommodations

☐ Extended time for exams and quizzes
☐ Distraction-reduced environment for exams
☐ Reader/text-to-speech technology
☐ Scribe
☐ Use of computer for word processing
☐ No Scantron/Modification of test response format
☐ Use of calculator for exams (when appropriate)
☐ Use of music/white noise (preapproved by DSS)
☐ Enlarged font

Assistive Technology

☐ Text-to-speech software (Read & Write Gold)
☐ Dictation Software (Dragon)
☐ Alternative format texts/literature
☐ Smartpen or audio recording device
☐ Screen enlargement
☐ Captioning

Communication Accommodations

☐ Sign-language interpreters
☐ Assistive listening devices
☐ Speech-to-text Services (Real time captioning)

Classroom Accommodations

☐ Note-taking services
☐ Laboratory assistant
☐ Preferential classroom seating
☐ Use of computer for note taking
☐ Accessible classroom and furniture
☐ Classroom relocation
☐ Class notes in alternate format
☐ Movement breaks
☐ Permission to audio record lectures/classes
☐ Copy of instructor’s notes upon request
☐ Study guide upon request

Other Accommodations

☐ Housing accommodations (outlined separately)
☐ Meal plan accommodations
☐ Elevator key
☐ Personal Care Attendant (provided by student)
☐ Reduced course load
☐ Course substitution (Please specify):
☐ Flexible attendance (additional policy)
☐ Priority registration
☐ Other Accommodation(s) (Please specify):

V. Confidentiality

Information provided to the Office of Disability Support Services will be shared with others at the College on a “need-to-know” basis and otherwise kept confidential unless disclosure is authorized by you or required by law.

VI. Verification

By signing this form, I hereby verify that the information I have provided is true and accurate.

Student Signature: ____________________________ Date: ____________________________
Request for Records/Release of Information

I, ________________________________, Student Name ____________________________, Date of Birth ________________________, authorize ________________________________ to release information contained in my records to:

or its director, designee, or records department

Karley Batalon
Disability Support Services Coordinator
Dean College
99 Main Street
Franklin MA 02038
Phone (508) 541-1768 Fax (508) 541-1829
Email: dss@dean.edu

The purpose of this request for information is to determine my eligibility for academic accommodations, develop instructional strategies, and determine my need for reasonable accommodations, supportive services, and/or auxiliary aids.

Specific type of information requested:

_____ Medical documentation of disability, including functional limitations and recommended accommodations on professional letterhead

_____ High School IEP/Transition Plan/504 Plan (most recent)

_____ High School special education evaluations (i.e. psychological, educational, speech-language)

_____ Psychological evaluation and documentation of disability, including functional limitations and recommended accommodations on professional letterhead

_____ Copy of vocational rehabilitation plan/vocational evaluation results, including functional limitations and recommended accommodations

I understand that this consent may be revoked at any time. It shall be valid no longer than is reasonably necessary to accomplish the purpose for which it was given. I further understand that all records obtained by Dean College will be shared with others at the College on a “need-to-know” basis and otherwise treated confidentially except as authorized by me or as required by law. By signing this release form, I am agreeing to the information being released to Dean College, to be used by the DSS Coordinator in helping me to plan my educational program and secure appropriate academic accommodations.

Student Signature: ________________________________ Date: ________________________________