

APPLICATION

Academic Accommodations

Checklist of documents to submit to Accessibility Services:

- Application form
- FERPA form
- Documentation/DVF
- Submit all completed paperwork to Accessibility Services. (Email is preferred.)

Email to: NHTIaccessibilityservices@ccsnh.edu.

Fax to: 603-230-9309

Mail or In Person: NHTI - ACE/Accessibility Services, 31 College Drive, Concord, NH 03301

Once all completed paperwork is received, the Accessibility Services Coordinator will contact you to schedule a meeting when your Letter of Accommodation (LOA) will be reviewed. Paperwork can take approximately three to four weeks to process so please plan accordingly. Your accommodations are not valid until you meet with the coordinator of Accessibility Services, sign off on the LOA, and provide copies of the LOA to your instructors.

NOTE: Accessibility Services documents are kept separate from academic records. Submission of this application and documentation does not guarantee that an LOA will be granted.

Student Name: _____ Date: _____
first Middle last

Student ID: _____ Date of Birth: _____ Primary Phone: _____

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

Student email: _____ @students.ccsnh.edu

NOTE: Once you have a student email address, all email correspondence will be sent to that address.

Other Email: _____

My status is: Early College New to NHTI Currently Enrolled

If Early College, where are classes held? _____

Current NHTI Program: _____

Last school attended: _____

I will be taking classes: Online On Campus

I will be residing On Campus Residence Hall Name: _____ Room Number: _____

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My medical diagnosis is (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Attention Deficit/
Hyperactivity Disorder | <input type="checkbox"/> Chronic illness/medical
condition | <input type="checkbox"/> Learning difference/disability |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Deaf/hard of hearing | <input type="checkbox"/> Blind/visual impairments |
| <input type="checkbox"/> Psychiatric/psychological | <input type="checkbox"/> Mobility impairment | |

Agencies you work with:

Please check areas where your disability affects your academic performance:

- | | | |
|--|---|--|
| <input type="checkbox"/> Finishing tests on time | <input type="checkbox"/> Understanding what I read | <input type="checkbox"/> Understanding what I hear |
| <input type="checkbox"/> Starting, organizing, and
completing tasks | <input type="checkbox"/> Self-advocacy (speaking up
for what I need) | <input type="checkbox"/> Using my hands/fine motor
coordination |
| <input type="checkbox"/> Understanding what I see | <input type="checkbox"/> Word recognition/decoding | <input type="checkbox"/> Putting thoughts into writing |
| <input type="checkbox"/> Sitting for long periods of
time | <input type="checkbox"/> Giving presentations to the
class | <input type="checkbox"/> Reading at a normal rate/
speed |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Doing math word problems | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Concentration | <input type="checkbox"/> Seeing | <input type="checkbox"/> Taking notes |
| <input type="checkbox"/> Oral expression/talking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Memorizing information |
| <input type="checkbox"/> Tolerating stress | <input type="checkbox"/> Processing speed | <input type="checkbox"/> Moving (standing/walking) |
| <input type="checkbox"/> Managing time | <input type="checkbox"/> Studying | <input type="checkbox"/> Doing math calculations |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Spatial visualization | <input type="checkbox"/> Other: |

Please describe what academic accommodations you think you need. Be sure to include any accommodations you received in the past that you have found helpful.

What assistive technology do you use?

Do you have a disability that would hinder you from evacuating a building in an emergency? Yes No