



The Office of the Associate Dean of the College
South Hadley, MA 01075

**DISABILITY
SERVICES**

**ACCOMMODATIONS
FOR
STUDENTS WITH DISABILITIES
2008 - 2009**

Mount Holyoke offers services on an individual basis to students with documented disabilities. The institution is guided by its "Policy on Human Rights" which is designed to protect the rights of all community members and promote diversity. In accordance with the Americans with Disabilities Act, Mount Holyoke recognizes its obligation to provide reasonable accommodations for individuals with disabilities so that they may participate as fully as possible in the College's academic programs.

The information described is subject to change by official action of the College.

Alternate formats of these forms are available upon request.

Return Completed Forms By:

June 13th for Fall Semester 2008
December 10th for Spring Semester 2009

To Be Completed by the Student

**Disability Registration Form
Request for Accommodations**

To: All Students

If you have a disability or condition for which you would like to request some form of services or accommodations, please complete and return this form. This information is confidential and will be used to determine your eligibility for services and accommodations and to make reasonable efforts to arrange these services. Please attach additional information if needed. Such disabilities may include, but are not limited to: (check appropriate areas)

- | | | |
|---|--|---|
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Psychiatric Disabilities |
| <input type="checkbox"/> Chronic Medical Conditions | <input type="checkbox"/> Mobility Impairments | <input type="checkbox"/> Substance Use Disorder |
| <input type="checkbox"/> Hearing Impairments | <input type="checkbox"/> Physical Impairments | <input type="checkbox"/> Vision Impairments |

Please Print

Name: _____ MHC Class Year: _____

Permanent Mailing Address: _____

Birthdate: _____ MHC Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Specific Diagnosis: _____

Time of Onset/Diagnosis: _____

Nature of Disability: Indicate how the disability interferes with or limits a major life activity, including current participation in courses, programs, residential life, or activities of the College.

Present Treatment Plan: _____

Accommodations you are requesting because of this condition**:

**Documentation must specifically support requests for accommodations.

Continue on reverse side

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I will be submitting documentation from:

Clinician's Name

Credentials

Note: For diagnosed Learning Disabilities or Attention Deficit Disorder, documentation must be within the past three years.

Providing this information is voluntary. The information you provide will be kept confidential and shared only with those members of the Mount Holyoke College administration, health services, counseling services, and faculty involved with coordinating services and providing your accommodations. Signing below verifies that the information is correct and indicates that you have read and understand the confidentiality guidelines.

Signature

Date

Complete both:

- **Disability Registration Form and**
- **Disability Certification Form**

and return by the dates listed below to insure adequate time to make accommodation arrangements for the 2008-2009 academic year. Our ability to respond to a student's request for accommodations and services is dependent upon receiving appropriate documentation. Failure to return completed documentation on time may jeopardize our ability to provide reasonable accommodations and services for students.

The College reserves the right to determine what is reasonable accommodation. Disability Services, in collaboration with service providers at the college will review each student's documentation and will work individually with the student to determine appropriate and reasonable accommodations.

Forward completed forms and attachments to:

Elisabeth Hogan
Disability Services
Mount Holyoke College
300 Mary Lyon Hall
South Hadley, MA 01075-1487

Return by:

- **June 13th** **For Fall Semester 2008**
- **December 10th** **For Spring Semester 2009**

If you have any questions or concerns, you may write or call (413)538-2550.
TTY phone number (413) 538-2860.

For your reference, our website address is: www.mtholyoke.edu/go/disabilityservices
or www.mtholyoke.edu/go/learningskills

Disability Certification Form

To: Clinician

Mount Holyoke College offers services on an individual basis to students with documented disabilities. The student listed below has requested services. Please certify the student's disability diagnosis and return/fax the form to us as soon as possible to the address listed. This information is confidential and will be used to help determine eligibility for services and accommodations. The information provided will be shared only with members of the Mount Holyoke College administration, health services, counseling services, and faculty involved with coordinating services and providing accommodations. Thank you.

Name of Student: _____

Specific Diagnosis** : _____

Date of Diagnosis/Time of Onset: _____

Length of Time Working with Student: _____

Most Recent Evaluation: _____

Nature of Disability: Explain the current functional limitations imposed by the condition. Indicate how the disability interferes with or limits any facet of a major life activity, including current participation in courses, programs, residential life, or activities of the College. Include the impact of medication or other treatments.

Specific duration, stability or progression of the condition: _____

Current treatment/follow up plan: _____

Specific recommendations for reasonable accommodations, based on disability:

**For diagnosed Learning Disabilities or Attention Deficit Disorder, enclose a psychoeducational evaluation including test scores and recommendations that are within the past three years.

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Disability Certification Form

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Please Note: This Clinician's form may not be completed by student's parents or guardian.

Name (Please Print): _____

Certification/Credentials: _____

State Licensure Number (if applicable): _____

Agency/Institution: _____

Address: _____

Area Code/Telephone: _____

Signature: _____ Date: _____

Return by June 13th for the Fall Semester or December 10th for the Spring Semester of the 2008-2009 academic year. Our ability to respond to students' requests for accommodations is dependent on receiving appropriate documentation. Failure to return completed documentation on time may jeopardize our ability to provide reasonable accommodations and services for students.

The College reserves the right to determine what is reasonable accommodation. Disability Services, in collaboration with service providers at the college will review each student's documentation and will work individually with the student to determine appropriate and reasonable accommodations.

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Mount Holyoke College
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If you have any questions, you may write or call (413) 538-2550.
TTY phone number (413) 538-2860

Fax to: (413) 538-2584 (and send hard copy as well)

For your reference, our website address is: www.mtholyoke.edu/go/disabilityservices
or www.mtholyoke.edu/go/learningskills