

## Office of Disability Services

## **Request for Services**

Please complete this form and submit via email, fax, or mail to:
Charter Oak State College, Office of Disability Services, 55 Paul J. Manafort Drive, New Britain, CT 06053-2150
Email: ODS@charteroak.edu Fax: (860) 606-9673 Phone: (860) 515-3846

Student Information:		
Full Name:		
Student ID#:		
Telephone where we may reach y	ou?	
May we leave a message or voice	mail?	
Charter Oak Email Address:		
Gender: [ ] Male [ ] Female		
Nature of Disability: Indicate	any disability for which you are se	eking accommodations.
[ ] Visual Impairment	[ ] Learning Disability	[ ] ADHD
[ ] Psychiatric/Mood Disorder	[ ] Hearing Impairment	[ ] Physical/Medica
[ ] Other		
	ept confidential and will not go into you ces or devices you have used in pr	

How does your disability, nacademic or work performa		nt (including medications), impact your		
[ ] Reading	[] Math	[ ] Taking tests		
[ ] Study Skills	[ ] Organization	[ ] Retaining information		
[ ] Writing	[] Meeting deadlines	[ ] Communicating ideas		
[ ] Maintaining focus	[ ] Prioritizing	[ ] Understanding instructions		
Do you use any of the follo	wing?			
[ ] Screen reader	[ ] Screen magnifier	[ ] Speech-to-Text Software		
[ ] Tutor/Academic Coach	[ ] Closed captioning and/or transcripts			
Is there any other informat your request for accommod	•	e about your disability that will support		
	Information About OI	)S Services		
Please initial each line item to indicate that you have read and understand the information.				
documentation from a qual	ified evaluator stating my d recommended accommod	am required to submit supporting lisability/medical condition, its impact on lations. <i>More information about required</i>		
I will provide the Offic Information form, provided	-	a signed Release of Disability		
the Americans with Disabilit	ies Act and Sections 504 arble accommodations in ord	ole accommodations. In accordance with nd 508 of the Rehabilitation Act, I have ler to have equal access to Charter Oak ograms.		
All documentation and manner.	d personally identifiable info	ormation will be handled in a confidential		
I am required to provide to me by the Office of Disab		th a letter of accommodations, provided n, session, or semester.		

## **Required Forms and Documentation**

] Request for Services Form
] Authorization to Release Disability Information Form
] Supporting Documentation

## **Disability Documentation Guidelines:**

- 1. Provided by a qualified evaluator within the last five years. Generally, documents older than five years will not be accepted.
- 2. Identify the disability.
- 3. Describe how the disability impacts the individual's academic performance and learning.
- 4. Make recommendations for appropriate learning accommodations.

Information contained within your file will be kept confidential and will not be shared with anyone outside Charter Oak State College without your prior written authorization. Submitting the required documentation well in advance of the next term/semester will allow us sufficient time to put accommodations into place before the start of your courses. Once documentation is received and approved, the Office of Disability Services will contact you to discuss accommodations and procedures.

If you have any questions about how to access accommodations, please call the Office of Disability Services at (860) 515-3846 or email the office at ODS@charteroak.edu.

For ODS Staff Use Only
Request Approved / Unapproved
Basis for Decision:
- <del></del>