



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#: _____

Home Phone: _____ Cell Phone: _____

Charter Oak Email Address: _____

Gender: [] Male [] Female

Nature of Disability: Indicate any disability for which you are seeking accommodations.

- [] Visual Impairment [] Learning Disability [] ADHD
- [] Psychiatric/Mood Disorder [] Hearing Impairment [] Physical/Medical
- [] Other _____

Learning Profile and History:

Please describe any support services or devices you have used in previous academic or work settings:

Do you need assistance in obtaining assistive software or devices? If so, please describe your needs.

Have you experienced difficulties in any of the following academic areas?

- | | | |
|--|--|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Math | <input type="checkbox"/> Taking tests |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Organization | <input type="checkbox"/> Retaining information |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Meeting deadlines | <input type="checkbox"/> Communicating ideas |
| <input type="checkbox"/> Maintaining focus | <input type="checkbox"/> Prioritizing | <input type="checkbox"/> Understanding instructions |

Information About ODS Services

Please initial each line item to indicate that you have read and understand the information.

___ In order to receive academic accommodations, I am required to submit documentation from a qualified evaluator stating my disability/medical condition, its impact on academic performance, and recommended accommodations. *More information about required documentation is provided in the checklist below.*

___ I will provide the Office of Disability Services with a signed Release of Disability Information form, provided by the ODS.

___ There are no fees required for accessing reasonable accommodations. In accordance with the Americans with Disabilities Act and Sections 504 and 508 of the Rehabilitation Act, I have the right to receive reasonable accommodations in order to have equal access to Charter Oak State College programs, course content and student programs.

___ All documentation and personally identifiable information will be handled in a confidential manner.

___ I am required to provide each course instructor with a letter of accommodations, provided to me by the Office of Disability Services, for each term, 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.