

Office of Accessibility Services

Request for Services

Please complete this form and submit via email, fax, or mail to:

Charter Oak State College, Office of Accessibility Services, 55 Paul J. Manafort Drive, New Britain, CT 06053-2150

Email: OAS@charteroak.edu Fax: (860) 760-6529 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 | eeking accommodations. |
| [] Visual Impairment | [] Learning Disability | [] ADHD |
| [] Psychiatric/Mood Disorder | [] Hearing Impairment | [] Physical/Medica |
| [] Other | | |
| Learning Profile and History: | | |
| All information disclosed in this form is k | ept confidential and will not go into you | r academic file. |
| Please describe any support servionsettings: | ces or devices you have used in pr | revious academic or work |
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| How does your disability, macademic 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 follow | wing? | |
| [] Screen reader | [] Screen magnifier | [] Speech-to-Text Software |
| [] Tutor/Academic Coach | [] Closed captioning and | d/or transcripts |
| Is there any other informat your request for accommod | | e about your disability that will support |
| Please initial each line ite | Information About OA | AS Services e read and understand the information. |
| documentation from a qual | ified evaluator stating my d recommended accommod | am required to submit supporting isability/medical condition, its impact on ations. <i>More information about required</i> |
| I will provide the Office Information form, provided | • | rith a signed Release of Disability |
| the Americans with Disabilit | ies Act and Sections 504 arble accommodations in ord | ole accommodations. In accordance with ad 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 Access | | th a letter of accommodations, provided erm, session, or semester. |

Required Forms and Documentation

| [|] Request for Services Form |
|---|--|
| [|] Authorization to Release Disability Information Form |
| [|] Supporting Documentation |
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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 Accessibility Services at (860) 515-3846 or email the office at OAS@charteroak.edu.

| For OAS Staff Use Only |
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| Request Approved / Unapproved |
| Basis for Decision: |
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