

Request for Academic Support Services

Unity College provides specialized support services and reasonable course accommodations for any student who qualifies because of a diagnosed disability. This form is designed to begin the process of determining student eligibility for appropriate accommodations in their courses. Use of this form is **completely voluntary**. Even if you qualify for accommodations, you may choose not to disclose that fact and not to request accommodations at this time. If you choose to complete and submit this form, you will be invited to meet with the college Learning Specialist during the first week of classes to discuss your strengths and needs and to develop a brief Learning Profile. You will be encouraged to share a copy of your Learning Profile with your course instructors to help them get to know you and to document your eligibility for accommodations. A copy will be kept on file in the Learning Resource Center, which coordinates academic support services. If you choose not to disclose a disability or request accommodations at this time, you may do so at any point in the future.

Please note that completion of this form does not guarantee academic accommodations. Your eligibility will be determined by the diagnostic assessment materials that you provide. **The college does not provide diagnostic assessment.**

Check reason(s) for requesting accommodations:

- | | |
|--|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Sensory Impairment (hearing, vision, etc.) |
| <input type="checkbox"/> Psychological Condition | <input type="checkbox"/> Other (please specify) _____ |

Please check any services that you believe would be appropriate and helpful:

- Extended time for assignments
- Extended time for examinations or assignments
- Classroom note-taking assistance
- Exams taken in LRC
- Interpretation of exam questions
- Individual or small-group tutoring

Have you submitted documentation describing your disability? Yes No

Would you care to offer any additional information you feel would help your advisor or instructors understand and plan for your needs?

I submit this disclosure of my disability and request for academic accommodations with the understanding that it is completely optional. I understand that with my written permission, this information may be shared with my academic advisor, my first-semester instructors, and the staff of the Learning Resource Center for use in understanding my needs and planning for appropriate support services.

Printed name

Date

Signature

Parent's signature
(if under 18)