REQUEST FOR ACCOMMODATIONS

The Academic Resource Center (ARC) at MassArt provides services and resources to support instruction, enhance student academic success and retain a diverse student body. Through the ARC and in accordance with the Americans with Disabilities Act (ADA), Amendments Act (ADAA) of 2008, MassArt is committed to providing reasonable accommodations to students with documented disabilities.

Requests for accommodations should be made prior to the start of the semester to ensure a timely provision of services and must be accompanied with appropriate documentation. Guidelines for documenting a disability are available at the ARC and on the MassArt website.

Chosen Name: _____________________________________________

Pronouns: __________ ID: ______________ Date Entering MassArt: ______________

Phone: __________________________ MassArt Email __________________________________

Street & Apt. #: ____________________________________________

City, State, Zip: ___________________________________________

(CIRCLE ONE) First Year Transfer Current Student Graduate Professional and Continuing Education

What is the nature of your diagnosed disability?

...... Learning Disability ...... ADD/ADHD ...... Psychiatric ...... Autism Spectrum

...... Mobility Impairment ...... Medical/Physical Illness ...... Visual Impairment/Low Vision

...... Auditory Impairment/Deaf ...... Other: ______________________________

Please describe how your disability(ies) affects you in daily life and functioning in school.

____________________________________________________________________________________________

____________________________________________________________________________________________

What ways have you compensated for your disability(ies)? For example: devices, treatment or medication, assistive technology, reasonable accommodations, and/or compensatory strategy that reduces the impact of your disability(ies).

____________________________________________________________________________________________

____________________________________________________________________________________________

PLEASE TURN OVER ➔
Are you currently taking any medication related to your disability(ies) or medical condition(s)?

Yes No. If yes, list adverse effects of the medications you are taking:

___________________________________________________________________________________________

___________________________________________________________________________________________

Please list any services/accommodations you received at any high school or prior college:

("Note: Requesting accommodations, providing a clinician’s recommendation, or having accommodations in the past does not guarantee a student will receive such accommodations at MassArt. The information on this form to give ARC staff background information on your disability-related needs.)

High School: ____________________________ Years Attended: ____________________________

Accommodations Received: ____________________________

College: ____________________________ Years Attended: ____________________________

Accommodations Received: ____________________________

Please indicate below any reasonable accommodations that you may be requesting in the classroom or studio:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Please indicate below the reasonable accommodations that you may be requesting in housing:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

**State/Federal aid eligibility:** If you are eligible for state aid and are registered with the appropriate agency, please provide the following: (for example: Massachusetts Rehabilitation Services, Veterans Administration)

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<tr>
<th>Agency Name</th>
<th>Contact Person</th>
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The above information is complete and accurate to the best of my knowledge and belief. I understand I may be asked to supply additional information in order for Massachusetts College of Art and Design to fulfill the accommodation request.

__________________________ Date

Signature of Student

**PLEASE RETURN THIS FORM ALONG WITH ANY SUPPORTING DOCUMENTATION TO:**

Attention: Student Accessibility Services OR
Academic Resource Center – Tower 811 Email: esmith-freedman@massart.edu
Massachusetts College of Art and Design Fax: 617-879-7240
621 Huntington Avenue Boston, MA 02115