

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).



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:

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.

Signature of Student

Date

PLEASE RETURN THIS FORM ALONG WITH ANY SUPPORTING DOCUMENTATION TO:

Student.Accessibility@MassArt.edu