



**Student Accommodations & Support Services**  
 Alumnae Library  
 Telephone: 413-265-2333  
 Email: [hendersont@elms.edu](mailto:hendersont@elms.edu)  
 Director, Tynisha Henderson

## Student Accommodations and Support Services Intake Form

\*Completion of this form is the first step in registering with the Office SASS.

### Student Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Elms Student ID #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
 Elms Email Address: \_\_\_\_\_@student.elms.edu Alt. Email Address: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Street  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_  
 Veteran or have served in the US Armed Forces: Yes No

### Academic Information

Origin: Incoming Freshman Currently Enrolled Transfer Student:  
 Transfer from: \_\_\_\_\_  
 Enrollment Status: Full Time Part Time  
 College Year: Freshman Sophomore Junior Senior Post Bac. Grad Student  
 First semester at Elms: \_\_\_\_\_ Year: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_ Year: \_\_\_\_\_  
 Fall / Spring / Summer Fall / Spring / Summer  
 Are you a commuter? Yes No Are you a Resident Student? Yes No  
 If a Resident Student, name of Residence Hall: \_\_\_\_\_ Floor #: \_\_\_\_\_ Room #: \_\_\_\_\_  
 Elms College Major: \_\_\_\_\_ Elms College Minor: \_\_\_\_\_



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**Previous Schools Attended**

Previous School(s) Attended	Dates Attended (From – To)	Approved Disability Accommodations Used in High School

**Disability Information**

Specify your disability type (Check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Physical<br>Specify: _____ | <input type="checkbox"/> Psychological<br>Specify: _____ | Chronic Medical Condition<br>Specify: _____                             |
| <input type="checkbox"/> Deaf or hard of hearing    | <input type="checkbox"/> Blind or Low Vision             | <input type="checkbox"/> Attention Deficit/Hyperactive Disorder (AD/HD) |
| <input type="checkbox"/> Traumatic Brain Injury     | <input type="checkbox"/> Learning Disability             | <input type="checkbox"/> Autism Spectrum Disorder                       |
| <input type="checkbox"/> Brain Injury               | <input type="checkbox"/> Mobility Impairment             | <input type="checkbox"/> Neurological Disorder                          |
| Chronic Health Condition                            | Psychological Condition                                  | <input type="checkbox"/> Addictive Disorder                             |
| <input type="checkbox"/> Other: _____               |  |   |

**Student Accommodations Questions**

To request disability related services, the student must complete the questions below and provide /present documentation to the Student Accommodations and Support Services Office. The SASS Office is assigned the responsibility for collecting and holding this documentation. All records will be kept in a secure file with limited access.

- 1) In as much detail as possible, describe how the diagnosed condition impacts you as a student and/or in an educational setting.

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- 2) What types of accommodations have been helpful to you in the past?

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3) List the accommodations you are requesting: (e.g. test accommodation, housing, campus, etc.)

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4) Do you utilize assistive technology (i.e. screen reader, text to speech, dictation software, assistive listening device, screen magnification)?

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5) Do you require \*housing accommodations?  Yes  No \* If yes, additional documentation may be required.

6) Disability Information: Please indicate which tasks you feel are areas of concern. There is no right or wrong answers. Your answers help us determine which supports are most appropriate for you:

- Paying attention in class  Taking notes  Time management  Understanding what you have read
- Following directions  Finishing test on time  Proofreading  Asking for help  Completing assignments
- Reading at a good pace  Spelling  Solving math problems  Putting thoughts into writing  Memorizing
- Getting/staying motivated

7) Did you have an IEP, 504 Plan, or other school-based support during high school?

- Yes  No

• If yes, please submit a copy of the most recent IEP or 504 Plan along with any evaluative records (i.e., psycho-educational or triennial evaluation) with this application or at your intake appointment.

8) Are you an Elms College Athlete?  Yes  No

- If yes, what team? \_\_\_\_\_
- Name of Coach? \_\_\_\_\_



**To be completed ONLY by Individuals with a Learning Disability, Deficit/Hyperactive Disorder, or Psychiatric Condition:**

Nature of disability (specify type(s)): \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

**To be completed ONLY by Individuals with a Hearing Disability or who are Deaf:**

Do you wear hearing aids or cochlear implants?  Yes  No

If yes, check all that apply:

- Behind-the-ear hearing aids  Cochlear implant – body worn processor
- Do you have Direct Audio Input (DAI)?  Yes  No  My device has telecoils
- In-the-ear hearing aids  Have you used a neck loop with telecoils?  Yes  No
- In-the-canal hearing aids  My device has an M-T (microphone telecoil switch)
- Cochlear implant – ear level processor

Do you or have you used an FM system/assistive listening device in the past?  Yes  No

If yes, please specify type (brand, model): \_\_\_\_\_

If yes, how does/did sound get to your ear?

- Neck loop  Ear phone (in the ear)
- Cochlear implant  Headphone (over the ear)

Please describe how you use a telephone:

- I use an amplified telephone  I use a “smart phone” for emailing and texting
- I use TTY only  Other: \_\_\_\_\_

What types of other auxiliary aids have you used, if any? \_\_\_\_\_

Do you use captioned media?  Yes  No

What means of expression and receptive communication do you use? (Check all that apply):

- Oral Communication  Speech Reading  American Sign Language  Other please specify: \_\_\_\_\_



**To be completed ONLY by Individuals with a Chronic Health Condition, Physical or other Mobility disability:**

Which, if any, of the following mobility aids do you use?

- Prosthesis (specify): \_\_\_\_\_  Braces  Crutches  Cane
- Manual Wheelchair  Motorized wheelchair/scooter  Other (specify): \_\_\_\_\_

Do you experience any of the following? (Check all that apply)

- I have difficult standing for long periods of time  I have difficulty writing  I utilize assistive technology
- I tire easily when I walk distances  I have difficulty walking up/down stairs
- I have academic difficulties. Please describe: \_\_\_\_\_

**To be completed ONLY by Individuals with a Visual Disability or who are Blind:**

Visual Acuity (if applicable): \_\_\_\_\_ Left Eye: \_\_\_\_\_ Right Eye: \_\_\_\_\_

- Degree of blindness:  Total  Light Perception  Form Perception
- Travel Aids:  Cane  Service Animal  Other: \_\_\_\_\_

Do you use Assistive Technology? Specify type(s):

\_\_\_\_\_

\_\_\_\_\_

Do you use alternative format reading materials?  Yes  No

- Large Print**  
Specify font size (e.g. pt. 22 bold) \_\_\_\_\_ Specify font type (e.g. Arial) \_\_\_\_\_

- Electronic Format**  
Specify file type (e.g. Word, audio file, pdf etc.): \_\_\_\_\_

**Braille**

**Disability Documentation**

Please provide the following information about the documentation you plan to provide to our office:

Name of Clinician/Medical Provider supplying the documentation: \_\_\_\_\_

Date of Documentation (month/year): \_\_\_\_\_

Type of Documentation:

- Psycho-Education, Neuropsychological Evaluation
- Letter from Medical Provider
- Letter from previous school confirming approved disability accommodations
- Other: \_\_\_\_\_



**Academic Accommodations and Services**

Please specify the type accommodation(s) you are requesting SASS will consider your request along with information listed on the supporting documentation, information learned in the welcome/intake meeting and the disability diagnosis as described in your documentation. Reasonable accommodations are adjustments to a course, program, service, internship, or activity that do not fundamentally alter the course or program. Appropriate accommodations are determined through the individual welcome/intake appointment, by reviewing documentation, discussion with the student, and evaluating the essential requirements of a course or program. After the intake appointment, a student will have approved accommodations available for use at their discretion. Reasonable accommodations are adjustments to policy, practice, and programs that “level the playing field” for students with disabilities and provide equal access to Elms Colleges’ programs and activities. This adjustment must be made without altering fundamental goals of a course or lowering the standards in a class. Reasonable accommodations may not be available in cases where undue hardship is a factor. Undue hardship is defined as any excessively costly, extensive, substantial or disruptive modification, or one that would fundamentally alter the nature or operation of the institution or any of its programs or services, or threaten the health or safety of the Elms College community.

**Testing Accommodations:**

- Extended time for assessments (exams, test, etc.)
- Use of calculator
- Use of Assistive Technology:  Kurzweil  Dragon Naturally Speaking  Other (please specify): \_\_\_\_\_
- Specify accommodations (if different from above): \_\_\_\_\_
- Distraction reduced testing environment
- Use of computer for exams (e.g. word processor)

**Classroom Accommodations:**

- Peer-note-taker
- Preferential seating
- Permission to audio/ video record lectures
- Other classroom accommodations, specify: \_\_\_\_\_

**Communication/Technology Accommodations:**

- Use of Assistive Technology:  Kurzweil  Dragon Naturally Speaking
- Use of enlarged print
- Use of spell or grammar check
- Textbook (s) in alternate format
- Permission to use laptop for note-taking in class
- Other (please specify): \_\_\_\_\_

**Other Accommodations Not Listed Above:**

- Other (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_



**Confidentiality and Information Release**

The Office of Student Accommodations and Support Services (SASS) is responsible for receiving and maintaining disability-related documentation and information for students with disabilities at Elms College. All documentation in the student's SASS file is treated confidentially and will not be released to anyone not involved in the accommodation and service-delivery process with the following exceptions: (a) the student gives SASS a signed release to share disability-related information with the person(s) or office(s) named on the release; (b) SASS will release disability-related information as required and/or permitted by the law and/or a court order; (c) the student threatens to harm himself or herself or others; (d) the student files a disability-related complaint, appeal, grievance, or lawsuit against any College office or employee(s); (e) there is a need-to-know or right-to-know by college faculty/staff in order to best serve the student. SASS staff will not release disability-related information to a student's parents/guardian/caregiver without a confidentiality release signed by the student. This must be a confidentiality release completed and signed at the SASS office. A confidentiality release signed through another office or department at Elms College does not grant parental access to disability-related information kept by SASS. When a student with a disability requests accommodations, he or she understands that some disability-related information may be provided on a need-to-know basis to Elms College faculty and staff to help ensure that the student receives appropriate accommodations. Otherwise, College faculty and staff need to know only (1) that the student has been through the disability documentation review process; and (2) the accommodations have been approved by SASS to meet the student's disability-related needs.

I \_\_\_\_\_, authorize the Elms College Office of SASS staff to have access to any and all academic records as required to assist me in planning schedules and evaluating academic progress.

I \_\_\_\_\_, give Elms College Office of SASS staff permissions to share relevant information on a need-to-know basis with Elms College administrators, faculty, health or counseling staff, and /or emergency personnel; to release relevant information to agencies that provide external support; and to request information about you from other campus offices.

Please list any restrictions to this authorization below:

\_\_\_\_\_

I \_\_\_\_\_, give permission for the Elms College Office of SASS staff to contact relevant external service providers (medical doctors, psychologists, audiologist, psychiatrists, etc.) who have provided information concerning my disability, in order to obtain information needed to determine appropriate and effective accommodations and services.

I \_\_\_\_\_, understand that I may amend this agreement at any time in writing and, unless I note otherwise, it will remain in effect until completion of my program at Elms College.



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**Student Acknowledgement**

I understand that completing this form is only the initial step in the accommodation process. Once I am registered with SASS, I will need to meet with the SASS Director as needed and complete a Request for Accommodation Letters each semester to request accommodations.

I also understand that I am my own advocate. It is my responsibility to request accommodations and to notify instructors of my need for accommodations. It is also my responsibility to report any concerns I may have regarding accommodations to the SASS Office.

I understand that documentation of my disability must be provided to the SASS office before accommodations will be provided. I realize that I may need additional documentation upon transferring from or to another educational institution. It is my responsibility to consult with the transfer institution regarding their documentation requirements.

My signature below affirms that I have completed this application truthfully and that I have read and understand the confidentiality statement herein.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE.**

**Office of Student Accommodations and Support Services (SASS) Use Only:**

Academic Year: \_\_\_\_\_  Welcome Meeting Date: \_\_\_\_\_

Special Accommodation Form Required  YES  NO

Date Accommodations Emailed: \_\_\_\_\_

Important Notes:

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_