



REQUEST FOR ACCOMMODATIONS

Disability Services at Montserrat College of Art strives to support and address the needs of all learners. Meagan Grant, the Disability Services Coordinator, works closely with students while here at Montserrat. In accordance with the Americans with Disabilities Act (ADA), Amendments Act (ADAA) of 2008, Montserrat is committed to providing reasonable and appropriate accommodations to students with documented disabilities.

Requests should be made prior to the start of the semester and must be accompanied with appropriate documentation. Documentation Guidelines can be found on the Montserrat website. Requesting accommodations, providing documentation, or having accommodations in the past does not guarantee a student will receive such accommodations at Montserrat. The information on this form is to provide background information to the Disability Services Coordinator. All information remains confidential.

Name: _____ Preferred Name: _____

Date: _____ Date entering Montserrat: _____

Email: _____

(CIRCLE ONE) Freshman Sophomore Junior Senior

What is the nature of your disability?

- | | |
|---|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Auditory Impairment/Deaf |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Psychiatric Disability |
| <input type="checkbox"/> Visual Impairment/Low vision | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Medical Illness | <input type="checkbox"/> Other |

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

What ways have you managed your disability(ies)? For example, devices, assistive technology, accommodations, and/or a compensatory strategy.

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 college:

High School: _____ Years Attended: _____

Accommodations Received: _____

College: _____ Years Attended: _____

Accommodations Received: _____

Please list any housing accommodations you may be requesting:

Please list any reasonable academic accommodations that you may be requesting:

The above information is complete and accurate to the best of my knowledge and belief. I understand I will be asked to supply additional information in order for Montserrat College of Art to fulfill the accommodation request.

Signature of Student

Date

Signature of Parent (required for students under age 18)

Date

PLEASE RETURN THIS FORM ALONG WITH ANY SUPPORTING DOCUMENTATION TO:

**MONTERRAT COLLEGE OF ART
ATTN: MEAGAN GRANT
23 ESSEX STREET
BEVERLY, MA 01915**

**EMAIL: meagan.grant@montserrat.edu
FAX: 978-922-4268
PHONE: 978.921.4747 EXT. 1277**

