

The Office of Disability Support Services (DSS) at New England Conservatory coordinates reasonable accommodations and services for undergraduate and graduate students with documented disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Americans with Disabilities Act Amendments of 2008. Such accommodations may include the use of a note-taker, course materials in alternative formats, extended time in academic settings, as well as housing and other campus-related accommodations.

Students seeking accommodations will first need to fill out this RAF form and schedule an appointment to meet with a Disability Support Services staff member.

Directions to Students:

- Complete Part I
- Sign the *Student Authorization to Release Information* on **both** Part I and Part II
- Provide Part II to your physician/psychiatrist/psychologist/medical professional
- Submit both parts to Disability Support Services (contact info below)

An Individualized Education Plan (IEP) and/or Section 504 Plan can be submitted along with the medical documentation or psychological/neuropsychological evaluation; however, it cannot solely be used for determination of accommodations. Also, students can submit letters verifying accommodations received during their previous educational experiences (i.e. high school, college, etc.) as well as accommodation memos for standardized examinations (i.e. SAT, ACT, GRE, GMAT, MCAT). Such supporting documents serve to demonstrate history of accommodation; they are not a substitute for medical documentation in accordance with NEC documentation guidelines.

PLEASE NOTE: This form must be filled out each semester to formally request accommodations.

PART I: To be completed by students:

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____

NEC ID#: _____ Date of Birth: _____

Cell Phone: (_____) _____ NEC Email Address: _____@necmusic.edu

Gender: Male Female Other: _____

Local Address: _____

Street Address

Apt./Unit

City

State/Province

Zip/Postal Code

Country

Permanent Address: _____
Street Address Apt./Unit

City State/Province Zip/Postal Code Country

Please select your class status:

- Freshmen (U1) Sophomore (U2) Junior (U3) Senior (U4) Graduate (G/P)
 Tufts/NEC Student Harvard/NEC Student

What is the nature of your disability? (Please check all that apply)

- Hearing Physical/Medical LD/ADD/Psych Visual Temporary Other

Have you previously received accommodations and services from DSS at NEC?

- No Yes

If yes, when did you receive these services?

Which semester are you requesting accommodations for?

- Fall 20____ Spring 20____ Summer 20____

Please describe in detail which accommodations you are requesting: (use additional sheets if necessary)

Will you require assistance in an emergency evacuation? _____Yes _____No

Student Authorization to Release Information

I acknowledge that an exchange of information may need to take place between the licensed clinician/medical professional noted in my documentation and the Office of Student Services/Disability Support Services for the purpose of evaluating my request for accommodations. I allow all parties to discuss any information related to accommodation request. I understand that my personal medical information will be shared on a "need to know basis" with other Conservatory offices. I give my permission for such communication when necessary.

Student Signature: _____ Date: _____

Parent/Guardian Signature (if student is under 18):

_____ Date: _____

Please mail, fax, or email* completed form and documentation to:

Disability Support Services
Office of Student Services
New England Conservatory
290 Huntington Ave.
Boston, MA 02115
Email. dss@necmusic.edu
Phone. 617.585.1310
Fax. 617.585.1315

*For secure email upload instructions please see the last page of this form.

Request for Reasonable Academic Accommodations

Clinician Information

Student Name: _____ NEC ID (P000xxxxxx Format): P000_____

Student Authorization to Release Information

I acknowledge that an exchange of information may need to take place between the licensed clinician/medical professional noted in my documentation and the Office of Student Services/Disability Support Services for the purpose of evaluating my request for academic accommodations. I allow all parties to discuss any information related to my accommodation request. I understand that my personal medical information will be shared on a "need to know basis" with other Conservatory offices. I give my permission for such communication when necessary.

Student Signature: _____ Date: _____

Parent/Guardian Signature (if student is under 18):

_____ Date: _____

Accommodations are only available to students identified as having a disability. **A disability is defined under the American's with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities."** Examples of major life activities are: Major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

Part II: To be completed by the licensed clinician/medical professional:

Based on the definition above, does the student have a disability? _____ Yes _____ No

Is the student currently under your care: _____ Yes _____ No

Date of initial diagnosis: _____

Date of initial contact with student: _____

Most recent contact with student: _____

Please follow the below guidelines in order to submit the appropriate documentation that is necessary for the student:

- In the case of a **physical or chronic health condition**, please submit current medical documentation for the student that provides a specific diagnosis, describes symptoms, demonstrates an impact on a major life event (i.e. learning, walking, sight), list recommended educational accommodations and provide a rationale for each accommodation.
- **Traumatic Brain Injury (TBI)/Post-Concussive Syndrome** documentation should come from a qualified health care professional such as a neuropsychologist, neurologist, or occupational therapist. Testing might be required to determine the impact of the TBI on the student's cognitive functioning. The medical documentation should outline the history of the condition, how the TBI impacts the student in on or more major life activities, and the recommended accommodation's along with the rationales for each accommodation.
- If the student is seeking accommodations on the basis of a **psychological or psychiatric disability**, the documentation should come from a qualified health care professional, such as a licensed psychologist, licensed social worker, and/or a psychiatrist. Please submit a letter that provides a thorough, detailed picture of the student's condition and how it impacts a major life activity (i.e. learning, concentration). Please provide a rationale for each accommodation. If the student is taking psychotropic medication, the documentation should identify the medication and the possible side effects of the students functioning.
- Documentation of **learning disabilities and/or Attention Deficit/Hyperactivity Disorder (LD/ADHD)** should include a psychological or neuropsychological evaluation that is current (not more than 5 years old), and a specific diagnosis with the DSM-V or ICD-10. For each accommodation that is recommended, please include a rationale.
- If the student is diagnosed with **Autism Spectrum Disorder (ASD)** and seeking accommodations, please submit a psychological or neuropsychological evaluation that substantiates the limitation on a major life activity. Also, is there are co-existing medical conditions impacting the student, then it is encouraged to identify them and provide connections on how these conditions might impact the student's learning.

Regardless of the disability, the documentation must provide sufficient information that substantiates the limitation on a major life activity as a result of the disability.

Nature of Disability (please mark all that apply):

Physical or Chronic Health Condition

Traumatic Brain Injury (TBI)/Post-Concussive Syndrome

Psychological or Psychiatric

Learning Disabilities and/or Attention Deficit/Hyperactivity Disorder (LD/ADHD)

Autism Spectrum Disorder (ASD)

Formal/Specific Diagnosis: _____

Level of severity: _____Mild _____Moderate _____Severe

Duration: _____Temporary _____Permanent _____Chronic/Recurring

Describe any relevant functional limitations that are substantially limited: _____

Current treatment plan (counseling, prescribed or recommended medications, etc.) and prognosis:

Recommendations for classroom/course accommodations: _____

Provider Information (cannot be related to student):

Provider Name (print): _____

Title: _____Specialty: _____

License/Certification #: _____ State: _____

Phone: _____ Fax: _____

May we contact you if we have any questions about this student's accommodation request?

____Yes ____No

Provider Signature: _____ Date: _____

Please mail, fax, or email* completed form and documentation to:

Disability Support Services
Office of Student Services
New England Conservatory
290 Huntington Ave.
Boston, MA 02115
Email. dss@necmusic.edu
Phone. 617.585.1310
Fax. 617.585.1315

*For secure email upload instructions please see the last page of this form.

Secure Email Upload Instructions

- Go to this site: <https://necmusic.secureemailportal.com/>
- At the bottom of the page you will see a box that says New to Secure Email? Click the box that says Register.
- Enter your personal email address and create a password. Then click Register
- You will get a confirmation message to your email account that you click on to accept. Click on the link in the email.
- You will be asked to activate your new password. Click Activate. On the next page click Continue.
- You will be taken to the login page. Enter your email and password and click Sign In.
- Once you are logged in, click the tab that says Compose.
- Under To: select Disability Support Services from the drop down menu.
- In Subject: put Your Name, Accommodation Request
- Click on the Box that says Attach File. You will be able to upload the completed form you have saved on your computer.
- Feel free to write message and then click the button at the top that says Send.