

ANTIOCH UNIVERSITY NEW ENGLAND
OFFICE of STUDENT DISABILITY SERVICES
fziperstein@antioch.edu
FAX 603 357-0718

Disability Disclosure and Needs Information Form

In order to work with you to create a positive educational experience, we need your help. Please use this form to describe your disability and its impact on your academic performance or ability to participate in Antioch's programs and services.

In addition to your description, we need current documentation of your disability from a qualified health professional, so we can determine your eligibility for appropriate and reasonable accommodations. Such documentation may include, but is not limited to: identification of tests administered, test results, a description of the covered disability and recommended accommodations. A provider information form is also enclosed.

Name _____

Address _____

Phone _____

Department/Program _____

Anticipated date of Graduation _____ **Advisor** _____

Please describe any disorders or impairments you've been diagnosed with, how long you've experienced the impairment and when you were diagnosed.

Did you request and receive any accommodations or services at your undergraduate institution?

Yes _____ No _____

If yes, please describe. _____

Functional Limitations: Please check any of the life activities listed below you believe are affected by your diagnosed condition, indicating the level of limitation you're experiencing.

1. Unable to Determine

2. Mild

3. Substantial

1	2	3	Major Life Activity		1	2	3	Major Life Activity
			Caring for Oneself					Interacting w Others
			Talking					Learning
			Hearing					• Reading
			Breathing					• Writing/Spelling
			Seeing					• Calculating
			Walking or Standing					• Memorizing
			Lifting/Carrying					• Concentrating
			Sitting					• Listening
			Doing Manual Tasks					Other: (specify)
			Eating					
			Working (employment)					
			Sleeping					

Please describe any impact of the limitation(s), on your academic performance or ability to participate in Antioch New England's programs or services. Provide specific examples of accommodations which you think may be helpful so we may better understand your situation.

The confidentiality of student information is protected by the Family Educational Rights and Privacy Act, also known as FERPA. In accordance with FERPA, information of your disability will be shared with other Antioch faculty and staff only on a need-to-know basis – i.e. relating to specific accommodation or academic adjustment requests you make.

Disability information will not be divulged to external third parties without your specific written authorization. (First Class email is an acceptable way to provide written authorization).

Services from external parties that students with learning disabilities commonly request include texts in alternative formats from publishers. If you will be requesting such services, please sign the disclosure authorization below:

I authorize a member of the Disability Services staff to release required information to:

_____ Reading for the Blind & Dyslexic

_____ Book Share

_____ Textbook publisher for text in electronic format (limited to existence of learning disability, name, street and/or email address; most require no info at all)

Student Signature

Date

I understand that in order to be eligible for reasonable accommodations based on having a disability I must take the following steps in the order listed below:

- 1) Disclose my disability to the Director of Student Disability Services by completing and submitting this form, and scheduling an appointment to discuss my situation.
- 2) Submit to the Director of Student Disability Services current documentation of the nature and extent of my disability from a qualified professional. (See attached form.)

Student Signature

Date

Please return this form to Fran Ziperstein, Director of Student Disability Services