

**Massachusetts College of Liberal Arts
Center for Student Success and Engagement
Disability Resources**

Student Registration Form

This form should be completed by the student. Complete this form to register with CSSE/Disability Resources to determine eligibility of services. Documentation from a qualified practitioner should be submitted to support your request for reasonable accommodations.

Name: _____ A#: _____

Address: _____

Phone: _____ Major: _____

Circle One: Undergraduate 1st year 2nd year 3rd year 4th year Transfer Other

What is the nature of your diagnosed disability? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Brain Injury |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Medical/Health |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Visual Impairment | |
| <input type="checkbox"/> Other: Describe _____ | |
| _____ | |
| _____ | |

My Disability affects the following areas. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Math | <input type="checkbox"/> Vision and Hearing |
| <input type="checkbox"/> Memory | <input type="checkbox"/> Processing |
| <input type="checkbox"/> Attention and Concentration | <input type="checkbox"/> Organization/Time Management |
| <input type="checkbox"/> Physical Health | |
| <input type="checkbox"/> Other: Describe _____ | |
| _____ | |
| _____ | |

In your own words, please describe challenges you may face in an academic setting due to your disability.

What accommodations have you used in the past? Please be specific.

what type of student are you? Check all that apply.

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Commuter |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Graduate | <input type="checkbox"/> Non-Matriculated |

Do you work? _____ If yes, how many hours per week? _____

Are you receiving services from an outside agency? _____

If yes, what Agency? _____

Do you have a language based disability? _____

If yes, are you looking for a waiver for the core language requirement? _____

Documentation is: Enclosed _____ being sent separately _____

Is there additional information you would like to share that would be important when considering your accommodations?

Student Signature

Date

If submitting this form electronically, type in your name and date above and send it from your MCLA email account.

This form is for beginning the registration process. If you wish to request reasonable accommodations you must attend a meeting with a Disability Resource staff member to discuss your disability and necessary accommodations. Before accommodations can be granted all supporting documentation from a qualified practitioner must be on file with CSSE/Disability Resources. Requesting accommodations, providing documentation or having accommodations in the past does not guarantee a student will receive such services at MCLA. You can mail, fax or email this form and supporting documentation to:

**Massachusetts College of Liberal Arts
Center for Student Success and Engagement/Disability Resources
375 Church St.
North Adams, MA 01247
disabilityresources@mcla.edu
Fax: 413-662-5444**