



## CHECKLIST of Required Forms and Supporting Documents

### Application Forms

- Application for Reasonable Accommodations
- My Learning Profile Worksheet
- Permission to Release and Exchange Information Form

### Supporting Documents

- IEP or 504 Plan **AND** your last 3-year evaluation (neuropsychological testing)

**AND/OR**

- Physical and Psychiatric Verification Form (*only if required; form included in packet*)

*Further explanation and requirements for supporting documentation provided on page 2.*

**Submit ALL required paperwork at one time by:**

**MAIL** Nashua Community College  
ATTN: Jodi Leah Quinn  
505 Amherst Street  
Nashua, NH 03063

**FAX** (603) 833-1636

**E-MAIL** [jquinn@ccsnh.edu](mailto:jquinn@ccsnh.edu)

*You can also DROP IT OFF at NCC's Academic Success Center / Room 100.*

## NEXT STEPS AFTER SUBMITTING COMPLETED PACKET

- Register for classes by making an appointment with your Academic Advisor.
- Schedule an appointment with the Disabilities Support Coordinator to finalize your Reasonable Accommodation Plan.

Call (603) 578-8930 and the ASC Support Staff will assist you in scheduling an appointment or answer any questions you may have.

**\*\* NOTE: Your plan is NOT final until you have met the Disabilities Coordinator to finalize and sign your plan and obtain copies of your plan to give to your instructors at the start of the term. \*\***

## Explanation of Supporting Documentation

*Supporting documentation must be signed by a licensed professional.*

Typically, evaluations must be completed within the last *three years* prior to admittance to NCC.

### **For recent high school graduates who had an IEP or 504 Plan:**

A copy of your most recent IEP or 504 Plan **AND** your last 3-year evaluation (neuropsychological testing) completed while you were in high school. You/your parents may have copies of these. If not, request the IEP or 504 Plan **AND** last 3-year evaluation from your high school.

### **For high school graduates who graduated *three or more years ago* who had an IEP or 504 Plan:**

A copy of *updated* neuropsychological testing for students who have been out of high school for three (3) or more years.

### **For those who never had an IEP or 504 Plan in high school:**

A copy of neuropsychological testing verifying that you qualify for a Reasonable Accommodation Plan in college:

- adults who suspect they have a learning disability and/or the whose evaluation was completed more than 5 years ago

You will need to have an evaluation completed by a qualified professional.

### **For those with physical or psychiatric conditions:**

The Physical and Psychiatric Verification Form (included in the RAP Application Packet) *must be completed by one **OR** both of the following:*

- your physician (if you have a medical/physical condition)
- your counselor/psychiatrist (if you have a mental health condition)

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ADDITIONAL INFORMATION AVAILBLE: <http://www.nashuacc.edu/student-services/academic-success-center/disability-services>

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If you have additional questions, contact:

Jodi Leah Quinn, M. Ed.  
Director of Academic Success Center  
Disabilities Support Coordinator  
Nashua Community College  
505 Amherst Street  
Nashua, NH 03063  
Phone: (603) 578-8930  
Fax: (603) 883-1636  
Email: [jquinn@ccsnh.edu](mailto:jquinn@ccsnh.edu)  
Web: [www.nashuacc.edu](http://www.nashuacc.edu)

*Submission of application & documentation does not guarantee that a RAP will be granted.*



# Application for a Reasonable Accommodation Plan

## General Information

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

Date of Birth: \_\_\_\_\_

Student ID# \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

May we leave a message with our information on your voicemail?    Yes    No

Student e-mail: \_\_\_\_\_ Other e-mail: \_\_\_\_\_

*\* Once you have applied to NCC and received a college email all email will be sent to your college email address.*

What program are you in/applying for \_\_\_\_\_

**My diagnosis/disability:** 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Assistive technology you use (ie. Wheelchair, FM transmitter, etc) or outside agency you work with (Voc Rehab, etc.) \_\_\_\_\_

**Check all that apply:**        \_\_\_ I am a current NCC student

I have:    \_\_\_ Applied to NCC    \_\_\_ Taken the Accuplacer test    \_\_\_ Registered for classes

Questions/Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_