

Welcome to Great Bay Community College! In order to get the accommodations you need (such as extra time on tests and quizzes, copies of notes, etc.), please provide the following:

1. Current documentation of your disability. This would include at least ONE of the following:
  - a. If you recently graduated from high school then you would provide a copy of your **most recent IEP or 504 plan AS WELL AS your last 3-year evaluation** (neuropsychological testing) done by your high school. You/your parents may have copies of these. If not, request them from your high school. This is typically what you will need if you have a learning disability.
  - b. If you are an adult learner with any learning disability that you would like accommodated, you would need verification of your diagnosis by a qualified individual who has the training to assess and diagnose learning disabilities. Examples of such professionals include clinical or educational psychologist, school psychologist, or neuropsychologists. The assessments (usually referred to as neuropsychological or psychoeducational testing) should include assessment of aptitude/cognitive ability, academic achievement and information processing.  
  
\*\* If you did not have an IEP/testing/learning disability (A or B listed above), then you will likely need the next form instead\*\*
  - c. The Physical and Psychiatric verification form (included in this packet) is to be completed by your physician (if you have a medical/physical condition) or your counselor/psychiatrist (for any mental health condition).

2. The documents in this packet:           \*Application General Information Page  
  \*Verification Form

3. After you have the paperwork from steps 1 and/or 2 in order:

**Please scan and email the completed form to [kfrisbie@ccsnh.edu](mailto:kfrisbie@ccsnh.edu)**

Karen Frisbie, Coordinator of Disability Support Services  
Great Bay Community College

4. After you submit the above information, someone from the Disability Support office will contact you for an appointment in approximately 3-5 days.

\*\*Please note your plan is NOT final until you have the meeting with the Coordinator, have finalized and signed the plan, given copies to your instructors and returned the signature page\*\*

*We look forward to seeing you!*

# Application General Information Page

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

**Please provide general information about you:**

Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

*\*Please check the box next to the phone number we should use first to contact you ☺*

Is it okay for us to leave a message with our information on your voicemail?  Yes  No

School Email: \_\_\_\_\_  Other Email: \_\_\_\_\_

*\*We will send all emails to your school address unless you check the box next to your other email*

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

What do you plan to achieve at GBCC?  Associates Degree  Certificate  Transfer to another college

**Diagnosis/Disability:** 1) \_\_\_\_\_ 2) \_\_\_\_\_

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

**Assistive technology you use or find helpful:**

\_\_\_\_\_

**Outside agencies you are connected with (for example, Vocational Rehabilitation):**

\_\_\_\_\_

**Check all that apply:**  I am a current GBCC Student  I just applied  I am a veteran  
 I have taken the Accuplacer test  I have registered for classes

**While at GBCC I would be interested in learning more about (check all that apply):**

Time management  Note-taking skills  Test-taking skills  Study skills  Career/transfer ideas  
 Campus clubs/organizations  Communicating with faculty/staff  Other: \_\_\_\_\_

**Questions or concerns:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Verification Form for Physical or Psychiatric Conditions

**Name of GBCC Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

To: Professional's name: \_\_\_\_\_ Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you:  Medical  Psychiatric  Counselor  Other: \_\_\_\_\_

Practice name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

The above person is applying for services/accommodations from Disability Services at GBCC. To help our office make the most appropriate determination of accommodations, the following information is requested. **Please print clearly** and complete the form in full. If you have questions, please call (603) 427-7625. *Thank you for your cooperation!*

### 1. Statement of Conditions/Disabilities:

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Summary of assessment procedures/evaluations used to make the diagnosis:

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**2. The above mentioned disability(-ies) is/are**  Permanent/Chronic  Temporary  
**with a severity that is**  Mild  Moderate  Severe

**3. Please list all current medications, and possible side-effects that could potentially impact academic performance:**

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**4. In order for a student to receive accommodations, their condition/disability needs to substantially impact a major life activity. Major life activities are functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. In the academic setting, "learning" is often impacted. In your professional opinion, is this a condition that substantially limits one or more major life activities, as defined by the ADA?**  Yes  No

*Continued on reverse*

**5. Please list functional limitations within an *academic setting* due to disability:**

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**6. Please list services and accommodations that you would recommend for this student that are SPECIFICALLY related to symptoms and diagnosis (include rationale if needed):**

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***Please sign and date below, as well as indicate your title and credentials***

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title/Credentials and License No.: \_\_\_\_\_

**NOTE:** *Disability documents are kept separate from academic records in a locked file cabinet in the Disability Services office.*

***Please return this form to:***

Karen Frisbie, M.Ed.  
Coordinator of Disability Support Services

Phone: (603) 427-7625  
kfrisbie@ccsnh.edu