

## Part I: Student Information

New England Conservatory is deeply committed to the full participation of students with disabilities in all aspects of Conservatory life, including residential life. All students (new and returning) must follow the necessary steps and provide all required information in order to be considered for a housing accommodation.

Housing accommodations are only based on disability-related needs and are determined on a case-by-case basis.

Students requesting special accommodation or modification to Conservatory housing must complete and submit the appropriate documentation in order to receive consideration. Your request will not be fully considered until this request form and all other necessary supporting documentation has been submitted.

**\*Please note that should you also require reasonable academic accommodations, you must additionally fill out the Request for Accommodations form (RAF) and submit it to Disability Support Services (DSS) within the Office of Academic and Student Affairs. Housing and Academic accommodations will be considered independently.**

### Directions to Students:

- Complete Part I
- Sign the *Student Authorization to Release Information* in Part I and Part II
- Provide Part II to your physician/psychiatrist/psychologist
- Both parts must be submitted to the Office of Academic and Student Affairs by:
  - **5:00pm on March 1** for returning students (for accommodations/exemptions to be in place for the following semester)
  - **5:00pm on June 1** for new/incoming students

### Part I: To be completed by the Student

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:**

- First Year (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

**Have you previously received accommodations and services from DSS?**

- No    Yes

If yes, when did you receive these services?

\_\_\_\_\_  
\_\_\_\_\_

**Please describe in detail which housing accommodations you are requesting (including if you are requesting an exemption from living on-campus): (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 my reasonable housing 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 Academic and Student Affairs  
New England Conservatory  
290 Huntington Ave.  
Boston, MA 02115  
Email. [dss@necmusic.edu](mailto:dss@necmusic.edu)  
Phone. 617.585.1310  
Fax. 617.585.1315

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

## Part II: Clinician Information

Student Name: \_\_\_\_\_ NEC ID (P000xxxxxx Format): P000\_\_\_\_\_

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

Level of severity: \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

Duration: \_\_\_\_\_ Temporary \_\_\_\_\_ Permanent \_\_\_\_\_ Chronic/Recurring

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, if 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.

**Please answer the following questions. (You may also choose to submit a letter that includes the necessary information listed above, so long as it encompasses all the answers to the below questions as well).**

1. If the accommodations are requested due to asthma or allergy related concerns, please specify environmental triggers, frequency of attacks and diagnostic testing that has been completed to determine diagnosis and severity of condition.

---

---

---

---

2. Describe the current impact of the condition and the probable impact on the student's living situation.

---

---

---

---

3. Describe the effectiveness of treatments, medications, devices, or services currently prescribed or used to minimize the impact of the condition.

---

---

---

---

Please identify the specific housing accommodations needed based on the functional limitation(s) cause by the student's disability/medical condition (please check all that apply):

\_\_\_\_\_ Single room

\_\_\_\_\_ Suite Room with semi-private bath

\_\_\_\_\_ Exemption from on-campus housing

\_\_\_\_\_ Shower seat

\_\_\_\_\_ \*Emotional Support Animal (ESA) (\*Please note, if a student is requesting an ESA, there is a **different** process and documentation that needs to be filled out and submitted. Please visit {insert website here} for additional information on ESAs.)

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

If recommending a single-room accommodation or off-campus housing, is this accommodation medically necessary for the student? Please explain in detail:

---

---

---

---

Please explain how the requested accommodation(s) will be important to the student's treatment plan.

---

---

---

---

Please describe possible alternative that could be considered if the preferred accommodation is not available.

---

---

---

---

**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 Academic and Student Affairs

New England Conservatory

290 Huntington Ave.

Boston, MA 02115

Email. [dss@necmusic.edu](mailto: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.