New England Conservatory

Accessibility Resource Services

# Request for Reasonable Housing Accommodations

## 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 <u>academic</u> accommodations, you must additionally fill out the Request for Accommodations form (RAF) and submit it to Accessibility Resource Services (ARS) 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:
  - **<u>5:00pm on March 1</u>** for returning students (for accommodations/exemptions to be in place for the following semester)
  - **<u>5:00pm on June 1</u>** for new/incoming students

**<u>Part I: To be completed by the Student</u>**

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 ARS?**

☐ 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:

**Accessibility Resource Services**
Office of Academic and Student Affairs
New England Conservatory
290 Huntington Ave.
Boston, MA 02115
Email. ars@necmusic.edu
Phone. 617.585,1310
Fax. +1 857 465 7943

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

New England Conservatory

Accessibility Resource Services

# Request for Reasonable Housing Accommodations

## 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, is 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:

**Accessibility Resource Services**
Office of Academic and Student Affairs
New England Conservatory
290 Huntington Ave.
Boston, MA 02115
Email. ars@necmusic.edu
Phone. 617.585,1310
Fax. +1 857 465 7943

*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/

**Step 1:** Register for Secure Email

- Scroll to the bottom of the page to New to Secure Email? Click the box that says Register."
- Enter your personal email address and create a password.
- Click Register.
- Check your email for a confirmation message and click the link to verify.
- Click Activate when prompted to activated your new password, then click Continue.

**Step 2:** Log In

- You will be taken to the login page.
- Enter your email address and password.
- Click Sign In.

**Step 3:** Compose Your Message

- Once logged in, click the Compose tab.
- In the To: field, select Disability Support Services from the drop-down menu.
- In the Subject line type: Your Name, Accommodation Request.

**Step 4**: Attach Your Form

- Click Attach File and upload the completed form you have saved on computer.

**Step 5**: Send Your Message

- (Optional) Write a message in the email body.
- Click Send at the top of the page.