

At Longy, we provide educational access through support and accommodations for students with disabilities. We are committed to supporting and sustaining an inclusive campus that recognizes disability as an important part of the diverse campus of individuals that work and study here. We are dedicated to ensuring individuals with disabilities have an equal opportunity to fully participate in the educational process and musical experiences at Longy.

The Assistant Dean of Curriculum Development and Innovation coordinates reasonable accommodations and services for undergraduate and graduate students with documented disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Americans with Disabilities Act Amendments of 2008. Such accommodations may include the use of a extended time in academic settings, course materials in alternative formats, as well as other campus-related accommodations. Students seeking accommodations will first need to fill out this form and schedule an appointment to meet with the Assistant Dean.

Directions to Students:

- Complete Part I
- Sign the Student Authorization to Release Information on both Part I and Part II
- Provide Part II to your physician/psychiatrist/psychologist/medical professional
- Submit both parts to the Assistant Dean (contact info below)

An Individualized Education Plan (IEP) and/or Section 504 Plan can be submitted along with the medical documentation or psychological/neuropsychological evaluation; however, it cannot solely be used for determination of accommodations. Also, students can submit letters verifying accommodations received during their previous educational experiences (i.e. high school, college, etc.) as well as accommodation memos for standardized examinations (i.e. SAT, ACT, GRE, GMAT, MCAT). Such supporting documents serve to demonstrate history of accommodation; they are not a substitute for medical documentation in accordance with Longy documentation guidelines.

PART 1: To be completed by the student.

Student Information:

Last Name (surname): _____ First Name (given name): _____

Date of Birth (MM/DD/YYYY): _____ Phone: _____

Longy Email: _____ Personal Email: _____

Local Address: _____
Street Address *Apt/Unit Number*

_____ *City* *State* *Zip/Postal Code*

Please select your class status:

- Undergrad MM MMME GPD GD AD

What is the nature of your disability? (Please check all that apply)

Hearing Physical/Medical LD/ADD/Psych Visual Temporary Other

Have you previously received accommodations at Longy? No Yes

If yes, when did you receive these services? _____

Please describe in detail which accommodations you are requesting: (use additional sheets if necessary)

Will you require assistance in an emergency evacuation? _____Yes _____No

Student Authorization to Release Information

By signing below, I acknowledge that an exchange of information may need to take place between the licensed clinician/medical professional noted in my documentation and the Assistant Dean for the purpose of evaluating my request for accommodations. I allow all parties to discuss any information related to accommodation request. I understand that my personal medical information will be shared on a "need to know basis" with other Longy offices. I give my permission for such communication when necessary.

Student Signature: _____ Date: _____

Parent/Guardian Signature (if student is under 18):

_____ Date: _____

Please mail or email completed form and documentation to:

Rebecca Teeters
Assistant Dean of Curriculum Development and Innovation
Longy School of Music of Bard College
27 Garden Street
Cambridge, MA 02138
(617) 831-1780
ртеeters@longy.edu

**Request for Reasonable Academic Accommodations
Clinician Information**

Student Name: _____ Date of Birth (MM/DD/YYYY): _____

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 Assistant Dean at Longy for the purpose of evaluating my request for academic accommodations. I allow all parties to discuss any information related to my 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: _____

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

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's 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 student's 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.

Nature of Disability (please mark all that apply):

- Physical or Chronic Health Condition
- Traumatic Brain Injury (TBI)/Post-Concussive Syndrome
- Psychological or Psychiatric
- Learning Disabilities and/or Attention Deficit/Hyperactivity Disorder (LD/ADHD)
- Autism Spectrum Disorder (ASD)

Formal/Specific Diagnosis:

Level of severity: Mild Moderate Severe

Duration: Temporary Permanent Chronic/Recurring

Describe any relevant functional limitations that are substantially limited:

Current treatment plan (counseling, prescribed or recommended medications, etc.) and prognosis:

Recommendations for classroom/course accommodations:

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 or email completed form and documentation to:

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