

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 note-taker, course materials in alternative formats, extended time in academic settings, as well as other campus-related accommodations. Students seeking accommodations will first need to fill out this form and then schedule an appointment to meet with the Assistant Dean.

Directions to Students:

- Complete this form
- Sign the Student Authorization to Release Information
- Submit form 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.

PLEASE NOTE: This form is only for students already receiving accommodations from Longy.

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? _____

Has your diagnosis/disability changed since the last time you received accommodations from Longy? No Yes

If no, then you do not need to submit new medical documentation. If yes, then you will need to submit new medical documentation.

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:

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