

Voluntary Statement of Special Learning Needs

Please fill out and return along with documentation. (see back)

Name: _____ DOB: _____ Student ID#: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Expected Year and Semester of Enrollment: _____

Expect to take classes on the following campus: North South Both

1. Type (s) of special needs you have:

- Check if: Physical Disability Hearing Related Vision Related Mobility Related
 Fine Motor Related Other (Please specify): _____
 Psychiatric Disability (Please specify): _____
 Learning Disability (Please specify): _____
 ADD or ADHD Other Type of Disability (Please specify): _____

2. Did you receive special education services in high school? Yes No Not sure

3. Please list any services you think you will require as a result of your disability.

Release of Information

I will be obtaining my documentation (i.e., professional neuropsychological evaluations, medical records, psychiatric evaluations and/or high school education evaluation and IEPs) from the following sources and give Student Disability Services permission to keep these records on file.

1. High School Attended: _____ Year of Graduation: _____

2. Name of Agency/Professional with most recent records: _____

Phone Number: _____

3. Name of Rehabilitation Counselor (if any): _____

Phone Number: _____

Signature of Student: _____ Date: _____

***Please note: Completing this form does not register you with SDS. Documentation and an appointment are still required. YOU are responsible for obtaining and submitting your own records. A student's Individual Education Plan (IEP) from High School alone is not sufficient documentation. Please submit all disability documentation and applicable testing as detailed on reverse of this form.**

Disability Services cannot provide accommodations without documentation that verifies a specific disability.



Wellness Center, University Crossing
220 Pawtucket Street, Suite 300
Lowell, Massachusetts 01854
Tel. 978.934.6800
Fax: 978.934.2032
Email: Disability@uml.edu

DISABILITY SERVICES

Dear New Student,

Congratulations on your acceptance to the University of Massachusetts! Now that you have been admitted to the university, we would like to help you make your experience here a successful one.

Do you need any special assistance or services because of learning, physical, or psychiatric disability? In order to provide the support services you may require, we will need current, professional documentation of your diagnosis as well as a description of the resulting functional limitations in an academic setting.

The process to apply and determine eligibility for disability support services is as follows:

1. Fill out the Voluntary Statement of Special Learning Needs on the reverse side.
2. Obtain documentation verifying your declared disability, and forward it to our office with your Voluntary Statement:

Learning Disability: Neuropsychological/psycho educational evaluations containing aptitude and achievement scores (e.g., WAIS, Woodcock-Johnson, Stanford Binet).

Attention Deficit Disorder: Diagnosis, history, and current functional limitations. (Request form)*

Psychiatric Disability: Diagnosis, history, and current functional limitations. (Request form)*

Physical Disability: History and current functional limitations.

*Contact Student Disability Services at 978-934-4574 for specific form for documentation

3. Following review of your records, we will notify you of your eligibility status and call you in for an intake interview.

If you have any questions, please call the Student Disability Services Office at 978-934-4574.

Sincerely,

Jody Goldstein
Director, Student Disability Services

Remember, if you have a disability and wish to have services or accommodations, you must complete and return this form along with documentation of your disability.

Please return this form with required documentation: Disability Services at Wellness Center
University Crossing, Suite 300
220 Pawtucket Street, Lowell, MA 01854