

## Steps for Services and Accuplacer

### **Step One:**

#### **If you were a Special Education student in high school on an IEP or on a 504 Plan:**

Call the high school you attended and ask them to fax your most recent 3 year testing and IEP or your 504 Plan to me at 603-334-6308 ATTN: Terri Varney CAPS.

#### **If you were never a Special Education student in high school:**

Call your physician or psychiatrist and ask them to fax a letter documenting your disability (ADD/ADHD, psychological, physical etc.) to me at 603-334-6308 ATTN: Terri Varney CAPS.

### **Step Two:**

Go to the Cashier and pay the \$20 Accuplacer Placement Test fee and bring your receipt up to CAPS on the 2<sup>nd</sup> floor to take the test. You can do it in one sitting (3 hours) or on separate days over a 10 day period, so the extra time accommodation is already built-in. A calculator also pops up for the sections in which you are allowed to use it. If additional accommodations are needed, you must submit documentation prior to taking the test.

You will get your test scores as soon as you finish and meet with the advisor-on-duty to go over your test scores and sign up for a registration session at which time you will register for your classes.

### **Step Three:**

A meeting will be scheduled by the Disability Coordinator after your documentation has been read and a draft written of your Reasonable Accommodation Plan.

Thank you for following the steps above and I look forward to meeting you.

Terri Varney  
Disability Coordinator  
Great Bay Community College

**ADD**

**Autism**

**Cognitive**

**Learning**

Dear Psychiatrist/Physician/Therapist/Educator with Master's degree,

This request for documentation is coming to you because one of your patients/students

\_\_\_\_\_ is disclosing a disability to

Great Bay Community College and requesting associated accommodations. This confidential document will be used to assess appropriate and reasonable academic accommodations based on the individual's **current functional limitations**. In your letter please include the diagnosis, evaluation method(s) used, duration of treatment, frequency of contact, medications and most importantly, clear evidence of interference with developmentally appropriate social, academic or occupational functioning.

Diagnostic criteria as specified in the DSM-IV-TR states that:

- A qualified diagnostician must conduct the evaluation
- Documentation must be current (within the past three years) and demonstrate the current real world functional impairment(s) and ability to learn including testing of intellect, achievement, processing speed, fluency, executive functioning, language, memory and learning and attention (a complete psycho educational or neuropsychological assessment)
- Records of academic history must be provided as well as relevant background including family, behavioral, social, vocational, medical, developmental, and psychiatric history
- Interpretation and discussion of diagnostic finding be included
- Objective and first-hand data that complements subtest scores
- An indication that symptoms are life-long, are present in two settings, and whether they are mild, moderate or severe
- Alternative diagnoses or explanations must be ruled out for coexisting issues such as mood, behavioral, neurological, personality and/or health issues
- Each accommodation recommended must include a rationale

Disability services will not be granted based on the test scores or diagnosis alone, nor on the basis that a prior history of receiving accommodations exists. If you have any questions, please contact:

Terri Varney, Coordinator of Disability Services  
Phone (603) 828-3740

Great Bay Community College  
320 Corporate Drive Portsmouth, NH 03801

**Please FAX to: (603) 334-6308**

**c/o Disability Coordinator**

**Hearing**

**Physical**

**Psychological/Psychiatric  
With DSM Code**

**Visual**

Name of Student: \_\_\_\_\_

This confidential document will be used to assess appropriate academic accommodations. If you have any questions, please contact:

Terri Varney, Coordinator of Disability Services  
Phone (603) 427-7625

Great Bay Community College  
320 Corporate Drive Portsmouth, NH 03801

Attending Psychiatrist or Physician:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis (and **DSM Code** if Psych):

Date of:

Evaluation method(s) used:

Medications:

Functional Limitations (major life activities affected) With Treatment:

What accommodations would you recommend to help this student academically?

**Please FAX to: (603) 334-6308 c/o Disability Coordinator**