

Bowdoin College

SELF-IDENTIFICATION AND REQUEST FOR ACCOMMODATIONS
For
STUDENTS WITH DISABILITIES AND OTHER SPECIAL NEEDS

Please complete the form on the reverse side to identify yourself if you have a disability or a chronic illness which might warrant accommodations while you are attending Bowdoin College. The College is firmly committed to providing reasonable accommodations to those with properly documented special needs to ensure equal access to all programs. If you have a learning disability, a visual, hearing or mobility impairment, a physical or mental illness or an invisible condition such as an eating disorder or allergies, you are encouraged to complete this form. Whether or not you are eligible for an accommodation, your completion of this form will assist the College in responding to your needs.

If you are requesting accommodations under the American with Disabilities Act (ADA) and/or section 504 of the Rehabilitation Act of 1973; you must provide documentation of the existence of a disability which substantially limits a major life activity. Please note the following criteria:

1. Since the laws guiding eligibility for accommodations in grades K-12 and post-secondary education differ, current documentation (within 1 to 3 years depending on the nature of the disability) including recommendations which correspond with the demands of college will help to support your transition. The documentation must provide evidence of a substantial limitation to learning or another major life activity. If documentation is not current or relevant, the College will require an updated evaluation, the cost of which will be covered by the family.
2. The evaluation must be conducted by a professional with training and experience in the assessment of adolescents and adults. It must be submitted on the evaluator's letterhead.
3. Documentation must include a description of the disability and the results of comprehensive testing, including standardized, professionally acknowledged measures for adolescent and adult assessment.
4. Documentation must include recommended accommodations which the College is being asked to consider providing. Each accommodation recommended should include a rationale that correlates with specific functional limitations which are supported by specific test results and clinical observations.

The information you provide will be kept confidential except that which is relevant to faculty and staff who are expected to provide accommodations or if emergency treatment might be required. If you would like the College to inform your Proctor (the upper-class student staff member who lives on your floor) of your disability, please note it on the form. Please refer to the Dean of Student Affairs web site at www.bowdoin.edu/studentaffairs/accomodations for the complete Accommodation Policy for Students with Disabilities.

COMPLETE REVERSE SIDE

(Please read information on reverse side)

Last Name: _____ First Name: _____ Middle Initial: _____

Home Telephone: _____ Date: _____

Home Address: _____

E-Mail Address: _____

Describe your disability or chronic health condition.

Please list the accommodations you are requesting at Bowdoin College.

Identify any equipment or medication you currently use due to your disability or condition.

Please add any additional information you wish to provide:

Please indicate if documentation is attached (___Yes___No).

Please indicate (___Yes___No) if you may need an accommodation for Orientation placement exams.

Please indicate (___Yes___No) if you want your Proctor informed of your disability.

Please contact Janet Lohmann, Assistant Dean of Student Affairs/Director of Accommodations for Students with Disabilities, (207) 725-3866 or jlohmann@bowdoin.edu, if you have questions.

RETURN THIS FORM TO THE OFFICE OF THE DEAN OF STUDENT AFFAIRS PRIOR TO OR BY JUNE 2, 2008.