



Academic Affairs • Office of Student Accessibility Services
131 Beacon Street • Boston, MA 02116
Phone (617) 670-4429 • Fax 617-670-4439

Document Checklist

Student: _____

ID Number: _____

First Semester of Enrollment: _____

Documentation Submitted:

- Completed Fisher Accessibility Packet
- IEP
- 504 Plan
- Psycho-educational Assessment from past 3 years
- Neuropsychological Assessment
- Medical Records from past 3 months
- Other (please specify): _____

Method of Submission?

- Hand Delivered
- Postal Mail
- Email
- Fax

Notes: _____



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Accessibility Service Request Form

Name: _____ Date: _____

Student ID: _____ Major: _____

Phone: _____ Email: _____

What is the best way to reach you? _____

Requesting Services For:

Spring 20 _____ Fall 20 _____ Summer 20 _____ Winter 20 _____

Please describe your specific disability or disabilities and how it has affected your academics:

What accommodations or academic supports have been helpful for you?

Signature: _____ Date: _____



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Accessibility Services Interview Form

Name: _____ Date: _____

Major: _____

Academic/Career Goals:

Education History:

Favorite Academic Subjects:

Relevant Medical History:

Current Medications:



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Current Employment:

Current Living Situation:

Stressors/Difficulties:

Anticipated Problems:

Other Observations:

Student Signature: _____ Date: _____



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Release of Information Authorization

Name: _____ Student ID: _____

Address: _____ Phone: _____

Email: _____ Major: _____

I, _____, give permission to *the Office of Student Accessibility Services staff* to exchange information relevant to my development as a student at Fisher College with the following individuals, offices and/or agencies:

- | | |
|--|---|
| <input type="checkbox"/> Academic Affairs | <input type="checkbox"/> Faculty Advisor |
| <input type="checkbox"/> Admissions Office | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Co-Curricular Life | <input type="checkbox"/> Parents/Guardians |
| <input type="checkbox"/> College Counselor | <input type="checkbox"/> Registrar's Office |
| <input type="checkbox"/> Course Instructor | <input type="checkbox"/> Residence Life |
| <input type="checkbox"/> College Psychiatrist | <input type="checkbox"/> Tutors/ACE |
| <input type="checkbox"/> Outside Agencies/Other: | |

Name of Agency/Contact Person _____

Address/Phone _____

Please Circle **One**: This release is valid for – This semester only – **OR** – My entire enrollment
List semester if necessary: _____

At any time, the student has the right to revoke this release of information.

Student Signature: _____ Date: _____



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Release of Information

Dear _____:
(Professional's Name and Credentials)

I am requesting services from the Office of Student Accessibility Services at Fisher College. In order to determine my eligibility for academic accommodations and to develop an educational plan, I must provide current and comprehensive documentation to Accessibility Services.

In accordance with FERPA and HIPAA, I, _____, authorize _____ to complete the Disability Verification Form and to release information to Accessibility Services, Fisher College. I grant you permission to disclose all disability-related materials such as neuropsychological evaluation, psycho-educational testing and clinical evaluations that may be relevant in determining my eligibility for academic accommodations. Lastly, I authorize you to speak and consult with the Director of Accessibility Services about my documentation and educational future. All information is treated in a confidential manner.

Please contact Dr. Wanda Camacho-Maron at 617-670-4429 or wcamachomaron@fisher.edu, if you have any questions or concerns. Completed forms should be submitted to: Dr. Wanda Camacho-Maron, Director of Accessibility Services, 118 Beacon Street, Boston, MA 02116, fax # 617-670-4466.

(Student Name/Print)

(Date)

(Student Signature)



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Testing Center Policy and Procedures

- Students must make arrangements with professors to receive extended time from them approximately a week before the exam date. If the professor cannot stay the extra time, the students then request the professor send the test to OSAS. He or she also must fill out a proctoring form to be submitted with the test.
- The proctoring form will explain which materials are allowed during the test and how long the class has to complete it.
- If the student is taking the test at OSAS, the student needs to schedule an appointment using the Acuity scheduling system with the OSAS staff approximately a week before the exam.
- The test will be delivered to OSAS via email or hand delivered by the professor. Upon completion the proctor will scan and email the test to the professor and place the physical copy in their Fisher mailbox.
- Please note the following:
 - Exams should be scheduled to start in OSAS between 9:00am and 2pm. This ensures that students will be finished by 4pm when OSAS closes.
 - Appointments should be made for the same day and time as other students are taking the test unless there is a scheduling conflict.
 - The site for reserving a time is <http://fishercollege.acuityscheduling.com/>. From there, you click on OSAS and then choose one of the Taking Exam options.
 - If an appointment needs to be canceled, you can do so via a link in the confirmation email that is sent upon reserving the appointment or by contacting OSAS.
 - Tests should be completed within 5 days of the actual exam date.
 - Failure to show up or arrive on time could result in being unable to retake the test without the professor's approval.
- During testing, all cell phones, bags, and other potential cheating materials will be left outside the exam room.
- A proctor will be in the room to observe testing at all times.
- No credit will be given if a student is caught cheating or caught passing on test content to classmates who have yet to sit for the exam.
- To continue using the testing center for extended time examinations, new accommodations must be requested at the start of every semester.
- Once accessibility accommodations are made, the student should sign the original copy and then present two printouts of that page, which will be emailed to them, to their professors. One page is to be kept by the professor, and the other is to be returned to OSAS for addition to the student's file.



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By signing this statement, I acknowledge that I have received a copy of the Office of Accessibility Services Testing Center policies and Procedures. I have reviewed the information listed with the Director of Accessibility Services or other staff member. I understand that I am required to follow the policies listed and agree to do so.

PRINT STUDENT NAME

Student Signature

Date: _____

Director or Staff of OSAS Signature

Date: _____