



# Counseling Center Office of Disability Services Registration Form

Please return this form to the Student Life Office (P.O. Box 670, Burlington, Vermont 05402) or use the envelope included with Booklet 1 or fax it to (802)860-2764 by **May 31**.

Champlain College is keenly aware that many individuals have special needs due to physical, medical, psychiatric or learning disabilities. If you feel that we should know of any such needs and you may need accommodations, please complete this form and return it to the Student Life Office so we may register you with our Office of Disability Services. Thank you.

Residential\_\_\_ Commuter\_\_\_

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

Name: \_\_\_\_\_  
*Last First M.I. Suffix*

Address: \_\_\_\_\_  
*Street City/Town State Zip*

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Major in which you have been accepted at Champlain: \_\_\_\_\_

Circle one: Freshman / Transfer

Do you have a learning disability/ADHD? \_\_\_\_\_ (If yes, complete Section A)

Do you have a physical, medical or psychiatric disability? \_\_\_\_\_ (If yes, complete Section B)

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## SECTION A

Do you have a psycho educational evaluation, IEP, 504 plan or other documentation of a learning disability/ADHD?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of your documentation or bring it with you to school.

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## SECTION B

What is the nature of your disability (hearing, visual, mobility, medical, psychiatric)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of documentation from your doctor or treatment provider or bring it with you to school.

**Accommodations and Services**

*What sort of accommodations will you need? (extra time on tests, use of a computer, auditory devices, scheduling, assistance during registration, dietary, books on CD etc.)*

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*Do you need any special housing accommodations (if applicable)? Have you filled out the housing accommodation request form (available at the disabilities link on the counseling services web page)?*

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*Have you had accommodations in the past? If so, please explain.*

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*Are you interested in our counseling services?*

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*Have you been working with any organizations that have provided support services (i.e. vocational rehab, Vermont Assoc. for the Blind, etc.) If so, please specify.*

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*Other comments:*

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\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Office Use Only: Distributed _____ Not Distributed _____
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\_\_\_\_\_  
\*If not completed by student, what is your relationship?

If applicable, please send a recent educational or psychological evaluation to Janine Allo, Coordinator of Support Services for Students with Disabilities/504 Coordinator, Champlain College, P.O. Box 670, Burlington, VT 05402.

You may also contact her via phone at (802) 865-5484, fax at (802) 860-2764 or e-mail at jallo@champlain.edu. Her office is located in Hauke 007.