



Date: \_\_\_\_\_, 201\_\_\_\_

To: Health Care Provider **or** Specialist  
From: MWCC Disability Services

Re: \_\_\_\_\_

DOB: \_\_\_\_\_

The referred person is requesting support services for academic success under ADA at Mount Wachusett Community College. In order to be qualified for services the student should disclose a disability voluntarily and provide official documentation with the following information from the appropriate specialist.

**MEDICAL documentation with:**

- Diagnosis & basis to determine the disability with **copies of and reported scores from professionally recognized diagnostic test.**
- Treatment
- Impact on physical and/or intellectual abilities
- Recommendations / Necessary accommodations

**OR**

**Copy of the most recent evaluation\***

- Psychological
- Psychiatric
- Neurological
- Speech & language
- Audiologist
- Certificate of Blindness

\*The most recent evaluation should be **no older than three** (3) years.

Student should provide the **documentation in person** at office #141 or **FAX** with a **CONFIDENTIAL** cover letter to:

**Amy LaBarge at 978-630-9528**