



Date: _____, 202____

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

Re: _____
DOB: _____

The referred student is requesting accommodations and support services for academic success at Mount Wachusett Community College. In order to be qualified for services, the student needs to disclose a disability voluntarily and provide official documentation containing the information stated below. The documentation must be completed by a licensed professional who has relevant training and experience diagnosing and treating the reported condition and is unrelated to the individual being evaluated.

Medical documentation with:

- **Diagnosis** & basis to determine the disability with copies of reported scores from a 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
- Audiogram & interpretation
- Certificate of Blindness

*The most recent evaluation should be **no older than three years**.

The student should provide the documentation in person to Disability Services in Rm. 141 or fax it with a confidential cover letter to:

Amy LaBarge at 978-630-9528