Request for Academic Accommodations

To be eligible to receive reasonable academic accommodations, a student with ADD, ADHD, learning disabilities, and/or a condition which impacts them in an academic setting must register with the Office of Academic Success. If you anticipate the need for accommodations at any time during your enrollment at Hampden-Sydney College, we encourage you to complete the request for academic accommodations now so that we may have possible accommodations on file.

To place a request for academic accommodations, you must:
1. Complete the Request for Academic Accommodations Form
2. Attach current diagnostic data detailing the specific learning disability or difficulty by a qualified professional. (see disability policy at http://www.hsc.edu/academics/success/LDPolicy.html)
3. Submit all paperwork to Teresa Laughlin, Disability Services Coordinator, Box 685, Hampden-Sydney, VA 23943

Returning students may submit a request for academic accommodations at any time during their enrollment at Hampden-Sydney College. The process for review of documentation and accommodation recommendations could take 2-3 weeks.

Incoming students are encouraged to have their paperwork and documentation to the Disability Services Coordinator by August 1st to allow the learning consultant enough time to determine if you are eligible for accommodations, if more documentation is needed, and to provide for appropriate accommodations before the semester begins.

Once reasonable accommodations have been recommended by the learning consultant, students are required to meet with Ms. Laughlin in the Office of Academic Success (202 Bagby Hall) to:
1. Go over the letter outlining recommended accommodations that you may share with your professors
2. Discuss the guidelines and personal responsibility for sharing this letter with your professors
3. Identify which accommodations you wish to use in each of your classes (this process may be revisited at the beginning of each semester)
4. Discuss the opportunity to meet with the learning consultant

The College reserves the right to review all documents for relevance, reliability and thoroughness of data, and to require further testing if deemed necessary by the learning consultant.

Initial __________
Request for Academic Accommodations
Must be completed by the student requesting accommodations

Name: ________________________________ Class: ______________

SSN or Student ID: __________________________ Date: ______________

Home Address: ______________________________________________________

____________________________________________________

H-SC Box #: __________ Cell: __________________________

Conditions: Check all that apply and provide appropriate diagnostic paperwork

( ) Learning Disability
( ) Attention Deficit Disorder
( ) Attention Deficit Hyperactive Disorder
( ) Hearing Impairment
( ) Visual Impairment
( ) Neurological Impairment
( ) Medical Disability
( ) Other

Please describe the functional difficulties you experience and how your condition(s) affect(s) you in an academic environment. Please also list classroom accommodations/modifications you have used in the past:

If you are requesting consideration for language substitution, please describe significant history of difficulties learning language—continue on back if needed:

Disability related information is protected by the Buckley Amendment.
Information will not be discussed or released without the permission of the student. Updated 1/16