

# BENNINGTON COLLEGE

## DISABILITY ACCOMMODATION REQUEST FORM

**Submission Instructions:** Please download, complete, and email this form, along with all supporting documentation, to the appropriate contact below. Requests can be made at any time; however, in order for accommodation requests to be reviewed and determined prior to the start of a term, completed forms and documentation must be submitted by your program deadline listed below. Requests made after the deadlines or during the term will be reviewed and determined as quickly as possible.

- January 15** (for new and returning undergraduate students, spring term)
- March 15** (housing accommodation requests due for returning undergraduate students, fall term)
- May 1** (for MFA summer term and postbac students)
- June 1** (for new undergraduate students\*, and nonhousing accommodation requests for returning undergraduate students, fall term)—*please note*: undergraduate housing assignments are for the full academic year; therefore, requests made after the June 1 deadline may be more difficult to fulfill
- December 1** (for MFA winter term students)

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**When a Student is Entitled to Accommodation:** Under applicable disabilities laws, an otherwise qualified student with a disability is entitled to reasonable accommodation in order to provide equal access to college programs and facilities. A “disability” is a physical or mental impairment which substantially limits a major life activity, such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working, or other activities as required by law. Bennington College works with each student to determine reasonable accommodations when the student has filed a request for accommodation and submitted adequate documentation as provided below. **Note:** It is not necessary to identify any disabilities for which you are not requesting accommodations.

**Your Request for Accommodation and Required Documentation:** Your request for accommodation must be as specific as possible and normally must be accompanied by the Documentation of Disability form or an equivalent report (e.g. a copy of a psychoeducational evaluation).

**How the College Will Respond to Your Request:** You may be asked to supplement the documentation you have provided. Once we have received a specific request for accommodation from you, we will work interactively with you to identify one or more appropriate accommodations, which may or may not be the specific accommodation(s) you have requested. The College’s goal is to provide accommodations that are effective, even though they may not be the specific accommodations requested in all cases.

**Grievance Policy:** A grievance policy for students, who believe they have been denied access to the College’s programs or services because of a disability, including denial of a request for accommodation, is printed in the Student Handbook, which is available on the [website](#) or in the Provost and Dean’s Office.

**Contacts:**

- Academic/Classroom Accommodations: Katy Evans ([katyevans@bennington.edu](mailto:katyevans@bennington.edu))
- Housing/Dining/Co-Curricular Accommodations: Christine Winget ([christinewinget@bennington.edu](mailto:christinewinget@bennington.edu))

Please continue with next page.

Student's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Diagnosed disability: \_\_\_\_\_

Accommodation(s) I am requesting from the College: \_\_\_\_\_

\_\_\_\_\_

Required documentation is:  enclosed or  being sent separately by deadlines listed on page one.

I authorize the College to arrange for reasonable accommodation(s), to share information with others as necessary, and to obtain additional information from the individual(s) listed below, who has/have diagnosed or treated me for my disability/disabilities.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Diagnostician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

**Attach additional pages as necessary.**

**Please continue with next page.**

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## DOCUMENTATION OF DISABILITY FORM

**Student's Name:** \_\_\_\_\_

The above-named student is requesting accommodations under The Americans with Disabilities Act of 1990, the Americans with Disabilities Amendments Act of 2008, and Section 504 of the Rehabilitation Act of 1973. In order to support this student's request, Bennington College requires documentation of the disability (or disabilities) by a qualified professional. Documentation may consist of completing this form or substituting a diagnostic report.

In the context of requests for reasonable accommodations, the term "disability" means a physical or mental impairment that substantially limits one or more of an individual's major life activities.

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**These pages to be completed by treating professional.**

### CREDENTIALS OF TREATING PROFESSIONAL

**Name and Licensure or Certification (including state):** \_\_\_\_\_

\_\_\_\_\_

**Degree:** \_\_\_\_\_

**Area(s) of Specialization:** \_\_\_\_\_

\_\_\_\_\_

**Address of Practice:** \_\_\_\_\_

\_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_

The information provided by you regarding the above-named student will be treated as confidential and will be disclosed by the College only as necessary for assessment and/or implementation of the requested services or accommodations.

**Please continue with next page.**

What is the specific diagnosis/impairment/limitation?

**Disability:** Please indicate if the student's degree of impairment or limitation is such that it meets the definition of disability as described above.    **yes**    **no**

Describe the diagnostic methodology, including diagnostic criteria, evaluation methods and procedures, and when pertinent, testing dates and results.

Explain how the student is substantially limited as a result of the disability and describe the severity and frequency of the limitation.

What are your recommendations for accommodations based on disability and how will these recommended accommodations address the identified limitation(s) resulting from the disability?

**Signature of Treating Professional:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: For a diagnosed Learning Disability (LD) or Attention Deficit Disorder/Hyperactivity Disorder (ADD/ADHD), please enclose a recent psychoeducational evaluation including test scores and recommendations.**