

Learning Accommodations Request Form

Where to send this completed form

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Your name (print): _____ Today's date: _____

Your diagnosis/diagnoses

Describe the condition(s) with which you were diagnosed + how old you were at diagnosis.

Describe the symptoms you have (for each condition, if you described more than one) + how those symptoms affect you.

Functional Limitations

In the classroom: Describe limitations related to concentration, listening, note-taking, hearing, seeing, etc.

Outside of the classroom: Describe limitations related to doing homework, studying, organizing yourself, etc.

Accessibility Issues

Describe concerns you have, if any, regarding accessibility: education programs, services, facilities, etc.

Medication(s)

List medication(s) you take for a diagnosed disability condition(s) + describe any side effect(s) you experience.

Medication Name	Side Effect(s) You Experience (if any)

If you described side effect(s) you experience, describe the accommodation(s) you need (if any).

Previous accommodations

Describe any accommodation(s) you received at any school attended previously.

Of those accommodations, which ones were most helpful? Which ones were least helpful?

Learning Strategies/Resources

Describe learning strategies that currently work for you.

LMRC's programs are academically rigorous. Given this context, where do you feel you need help to succeed?