



Student Disclosure Form

This form must be filled out by the student requesting accommodations

Student Information:

Student Name (first and last): _____ Pronouns: _____

NU Email: _____@northeastern.edu NU ID#: _____

Disability Information:

1. What is your diagnosis or disability? Please list all that you are requesting services for.
 2. Were you referred to DAS by someone? If so, please indicate who referred you and why.
 3. If you are under the care of a medical or mental health clinician (i.e. physician, therapist), please provide their name, specialty and approximate date of last appointment (if known).
- | Name of clinician | Area of specialty | Date of last appointment |
|-------------------|-------------------|--------------------------|
| | | |
| | | |
| | | |
4. Please describe any treatment you are currently receiving. Treatment may include therapy and/or medication.

History:

While history of prior accommodations provides useful information, it does not guarantee the same accommodations will be granted at Northeastern. If you have a recent diagnosis or have not previously used accommodations, you may find it helpful to meet with a DAS disability specialist to assist you with this form.

5. Have you used accommodations in the past? If so, please indicate the setting for which they were approved by checking the corresponding box below.

☐ High School ☐ College ☐ Standardized Testing (i.e., SAT, ACT, GRE, LSAT)

Student self-report:

6. How does your disability impact you in each of the following settings?

- Academic: Please describe the barriers you experience to learning in and out of the classroom.
- Residential: Please describe the barriers you experience in housing, dining, or social settings.

Accommodations and other resources:

The Documentation Review Committee at DAS uses an interactive process, considering information from multiple sources to understand the barriers that a student with a disability is experiencing and to determine the accommodations and other resources that will provide access for that student.

7. If you have suggestions for accommodations or other resources that will address the barriers you are experiencing, we invite you to share them here.

Additional information:

8. We welcome any additional information about your experience that you'd like to provide that isn't captured in previous questions.

Documentation Submission Instructions

Please submit verification of prior accommodations, which may include an IEP, a 504 plan, or the private school equivalent; eligibility letters from SAT, ACT, IB, GRE or other graduate school entry exams; or forms or letters from other post-secondary institutions.

All documentation should be emailed to DASDocumentation@northeastern.edu

Student Signature: _____

Date: _____