

Bronx Campus
Tina Serrano
504 Coordinator
Office of Disabilities Services
2501 Jerome Avenue
Bronx, NY 10468
Phone: (646) 761-0607
Fax: (646) 393-8916



New Rochelle Campus
Saddia Del-Llano
504 Coordinator
Office of Disabilities Services
434 Main Street
New Rochelle, NY 10801
Phone: (914) 740-6432
Fax: (914) 813-1268

Office of Disability Services Initial Intake Form

Monroe College's Office of Disability Services (ODS) asks all students who request an academic accommodation due to a disability to complete this form. This form and the information you provide in it to the ODS is only shared with Monroe College administrators and personnel who need to know the information in order to assess the request for accommodation and/or to actually provide the accommodation.

Proper documentation of your disability must be provided to this office in order for ODS to grant a request for accommodation. Sufficient and complete documentation may be required in order to grant a request for an accommodation. If documentation is incomplete or inadequate, students may be asked to supply additional documentation.

You must make a timely request for an accommodation and a request must be made each semester that you are enrolled at Monroe College. Only accommodations that are reasonable and allow for you to have equal access to educational programs will be provided by this office.

Name: _____ **Monroe ID #:** _____

Major: _____ **Date of Birth:** _____

Initial semester of enrollment at Monroe College: _____

Email Address: _____ **Cell Phone:** _____

Permanent Address: _____

Will you be living on campus or off campus? YES __ **NO** __

In case of emergency, please provide us with the contact information of a family member, friend, or agency:

Name: _____ **Relationship:** _____

Email: _____ **Telephone #:** _____

Please answer the following questions.

1. Are you requesting reasonable modifications or accommodations on the basis of a disability? **YES** _ **NO** _

2. If so, what reasonable modification or accommodation do you request?

3. How would the reasonable modification or accommodation address your disability?

4. In case of a building emergency evacuation, will you require help in exiting the premises to a safe area? **Y** _ **N** _

Office of Disability Services Initial Intake Form

Obtain a Professional Letter of Authentication: Learning Disabled students can submit a ***12th grade*** High School Individual Educational Plan (***IEP and all accompany documents***) on letterhead paper or other appropriate professional documentation by a qualified licensed practitioner. An IEP does not specifically satisfy all requirements of the student to document the need for reasonable accommodation. The college reserves the right to obtain or require additional information as may be required to document specific need. All other submissions are to be completed on letterhead paper by a physician, neuropsychologist, psychologist, audiologist or psychiatrist. The letter must certify and provide detailed documentation of how this individual's disability includes functional limitations as they relate to college level courses of study. The authentication letter will also require the signature, phone of the appropriate professional and clear recommendations for services/accommodations to improve the student's performance.

Student Signature: _____

Date _____

ODS Signature: _____

Date _____