



950 Yale Ave, Yale Plaza, Unit 20, Wallingford CT 06492
1010 Main Street, East Hartford, CT 06108

203-294-9496
860-461-0697

Disability Intake Information Form

Academy Di Capelli is committed to ensuring that all qualified students with disabilities are provided reasonable accommodations, auxiliary aids, and services to ensure full access to programs and services. Students with disabilities who will be requesting accommodations, auxiliary aids, and services are encouraged to identify these needs to the Administrators office as soon as possible after their application has been accepted. Submission of current, detailed, disability-related documentation along with the completed Disability Intake Information Form is required in order to process requests.

Name: _____	Home Phone: _____
Street Address: _____	Cell Phone: _____
City: _____	Email: _____
State: _____	Zip Code: _____
	Date of Birth: _____

Disability Information

Check all disabilities that have been diagnosed, and for which current, supporting documentation can be provided:

- Learning Disability
- Blind
- ADD/ADHD
- Visually Impaired
- Mobility Impairment
- Deaf or Hearing Impaired
- Chronic Health Impairment
- Psychiatric/Behavioral/Mental Health Impairment
- PDD/Asperger's
- Other _____

Comments:

-
- I have a diagnosed disability but have no current, supporting documentation.

Comments:

-
- I do not have a diagnosed disability.

Comments:

It is the responsibility of the individual seeking a determination of disability, (and who will be requesting accommodations), to provide appropriate documentation before a determination of disability can be made and accommodations can be discussed and implemented. Any cost of obtaining this documentation is the student's

responsibility. Academy Di Capelli's website offers information about the disability determination process and documentation guidelines which can be provided to the diagnostician, educational, and/or medical professional being consulted about the student's evaluation.

Please describe how your disability/condition affects you:

Academically: _____

Personally: _____

Describe current treatments or medications that may impact requested accommodations, auxiliary aids, and services:

Accommodation History

Have you ever received accommodations, auxiliary aids, and services? ___ Yes ___ No

If yes, what accommodations have you received in the past? (Check all that apply)

- Record Lectures
- Note Taker Services
- Interpreter/ CART/ C
- Print FM Systems
- Preferential/Specialized Seating
- CCTV/Captioned Materials
- Other _____

- Testing Accommodations:
- Extended Testing Time
- Distraction Reduced Environment
- Oral Testing
- Reader/ Scribe
- Computer Use for Essays
- Large Print
- Recorded/Auditory Testing
- Specialized Furniture/Devices
- Other _____

- Assistive Technology:
- Textbooks in Alternate Format
- Specialized Software (Please List)
- Specialized Hardware & Devices
- Other _____

If no, what accommodations, auxiliary aids, and/or services will be requested if you are determined eligible under Academy Di Capelli's Guidelines?

In providing this information to Academy Di Capelli, I acknowledge the disclosure of my disability(ies)/condition(s) for which I am currently seeking accommodations, auxiliary aids, and services.

Signature: _____ Date: _____



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RELEASE – STUDENTS WITH DISABILITIES

All students with disabilities are eligible for protections under the Americans with Disabilities Act Amendments Act (ADA AA) of 2008 and Section 504 of the Rehabilitation Act of 1973, as amended. Under the ADA AA 2008, a disability is defined as “a physical or mental impairment that substantially limits one or more major life activities, having a record of such an impairment, or being regarded as having such an impairment”. Students with disabilities requesting accommodations and services at Academy Di Capelli must complete an application process and be determined eligible as a student with a disability prior to the development of an accommodation plan. This multi-faceted process includes the student’s self-disclosure, personal interview, and the timely submission of detailed documentation of disability. Disability documentation submitted to obtain accommodations, auxiliary aids, and services at the postsecondary level must provide objective evaluative information, an interpretation of the evaluation results, include statements identifying the area of disability, provide evidence of the disability’s impact on the major life activity, and suggest recommendations for accommodations.

Academy Di Capelli is committed to protect the confidentiality of students with disabilities as required or permitted by law. Information obtained by Academy Di Capelli related to a student’s disability is maintained in a confidential manner consistent with the Family Educational Rights and Privacy Act (FERPA) and is shared with appropriate Academy Di Capelli staff who have a legitimate educational interest in the information. Ensuring effective provisions of accommodations, auxiliary aids, and services may necessitate Academy Di Capelli to disclose and discuss the student’s disability information with Academy Di Capelli administration and staff. Any disclosure and/or discussion of disability-related information is used to guide the school officials for services for the purpose of providing reasonable accommodations, auxiliary aids and services for which the student has been determined eligible.

I have been informed of the policies regarding confidentiality and the release/exchange of information regarding my disability and related academic, medical, and/or psychological/psychiatric records between Academy Di Capelli administrative, faculty, and management staff, as warranted and appropriate. I understand that the Academy Di Capelli staff may discuss my disability-related information with those professionals who have evaluated or diagnosed the condition for which I am seeking accommodations and with those with whom I am currently involved in educational, medical and/or therapeutic support. I understand that all information released and discussed will be utilized for the benefit of my academic program at Academy Di Capelli and for the purpose of providing the reasonable accommodations, auxiliary aids and services for which I have been determined eligible.

Student’s Signature

Date