

## O'Neill Center for Student Access and Support Packet for Requesting Accommodations

To request accommodations, submit the Request for Services Form and Verification Form along with specific supporting documentation.

- Submit required forms and additional documentation at least six weeks before the start of the semester to ensure that your approved accommodations will be in place when classes begin.
- If you would like to request accommodations for multiple disabilities, please submit additional Verification Forms.
- Specific accommodations cannot be discussed until we receive your completed forms and documentation.
- Once we receive your material and confirm that you are registered for courses, we will call you to schedule an intake appointment.
- You will meet one-on-one with either the Learning Disabilities Specialist or the O'Neill Center Coordinator depending on the disability.
- To prepare for this meeting please familiarize yourself with the Disability Laws and "*The Differences between High School and College*" chart.
- Send or drop off material to:

Cape Cod Community College  
O'Neill Center for Student Access and Support  
M.M. Wilkens Hall, Room 222  
2240 Iyannough Road  
West Barnstable, MA 02668  
Fax: 508-375-4110  
Email: [oneillcenter@capecod.edu](mailto:oneillcenter@capecod.edu)

# O'Neill Center for Student Access and Support

## Request for Services Form

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact and Phone \_\_\_\_\_

Previous schools attended \_\_\_\_\_

CCCC Degree or Certificate Program \_\_\_\_\_

Are you a Veteran? YES NO

Do you work with any outside organizations? \_\_\_\_\_  
(Cape Abilities, MRC, DDS, others)

Name of documented disability/disabilities \_\_\_\_\_

Is there other information related to your disability that you would like to share?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use	
Date Received _____	Received by _____
Assigned to _____	Appointment date _____