



Disability Services Form Community College in the High School Program (CCHSP)

Please sign below indicating your choice to self-disclose for your CCHSP course(s). Please return this form to your high school guidance counselor as soon as possible.

I choose to self-disclose and receive accommodations and/or modifications consistent with my disability. I agree to have my disability documentation released, when necessary for review, from my high school to the CCHSP Coordinator and the Office of Disability Services at SUNY Orange. I understand that my high school guidance counselor will give a copy of this form and a list of the accommodations and/or modifications recommended/approved by SUNY Orange to my instructor(s).

I understand that accommodations and/or modifications provided for college-level courses may not alter the fundamental requirements of the course. Questions concerning modifications that may alter the rigor of a course are to be directed to the SUNY Orange CCHSP Coordinator at (845) 341-4760 or mary.ford@sunyorange.edu.

My choice to self-disclose shall remain in effect for the _____ academic year, but I may revoke it at any time, in writing, by contacting my high school guidance counselor.

Student's Signature

Date

Parent's Signature

Date

Student's Address

Instructions for Guidance: If the student self-discloses, please send the completed copy of this form, the student's IEP and a list of accommodations and/or modifications to:

Mary Ford
Office of Educational Partnerships
SUNY Orange
115 South Street
Middletown, NY 10940
Phone: (845) 341-4760
Fax: (845) 341-4382
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