



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 Mary Ford (mary.ford@sunyorange.edu 845-772-1229) 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 Mary Ford (mary.ford@sunyorange.edu 845-772-1229).

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, Director
Office of Educational Partnerships
SUNY Orange
115 South Street
Middletown, NY 10940
Phone: 845-772-1229
Fax: 845-341-4382
mary.ford@sunyorange.edu