

APPLICATION FOR REASONABLE ACCOMMODATIONS



Updated: May 2025

Introduction

Jersey College is committed to providing equal access to programs and services to individuals who suffer from a physical or mental impairment that substantially limits one or more major life activities, including learning. To request reasonable accommodations, individuals are required to submit this request form and provide supporting documentation.

Instructions

- A. **Who Should File the Application:** Students seeking special accommodations for an ADA disability should complete this application.
- B. **Application Submission Deadline:** Completed applications must be submitted at least three weeks prior to the date for which you are requesting special accommodations.
- C. **Application:** To request reasonable accommodations students must complete this application for reasonable accommodations form. This application has three parts. Part I must be completed by the student and Part II and Part III must be completed by a Qualified Professional.
- D. **Reviews of Requests:** Review of a request for reasonable accommodations will be deferred until the necessary documentation is submitted. All applications should be typed or neatly printed. Do not leave sections blank. Put NA if the section does not apply.
- E. **Confidentiality.** All medical and supporting documentation submitted will be kept confidential, and will be used for the purpose of assisting Jersey College in determining the reasonable accommodations necessary for the individual, if any.
- F. **Determinations.** The College's decision regarding an accommodation will be communicated in writing to the student.
- G. **Reasonable Accommodations.** Not all requested accommodations are "reasonable." An accommodation is not reasonable if, among other things:
 - Making the accommodation or having the individual involved in the activity poses a direct threat to the health or safety of others.
 - Making the accommodation means making a substantial change in an essential element of the curriculum.
 - Making the accommodation would require a substantial alteration in the manner in which educational opportunities are provided, including, but not limited to, the course objectives being altered, giving the student an unfair advantage over other students, lowering academic standards, and significantly altering what is required of a student to complete a class or program.
 - Making the accommodation would impose an undue financial or administrative burden to the institution.

Documentation Guidelines

Disability is defined as a permanent, longstanding significant condition that substantially or significantly limits one or more of the major life functions. The purpose of the accommodation process is to ensure that students with a disability have an equal opportunity to participate in the educational process.

To be eligible for accommodations, a student must present documents to demonstrate evidence of a current condition that interferes with one or more major life functions as defined by American with Disabilities Act. The documentation must provide evidence that the student has current functional needs and/or currently experiences accessibility barriers in the educational or physical environment. The final determination for current status of the documentation rests with the college.

Documentation is insufficient if it does not specify the existence of an American Disability Act disability and explain the need for reasonable accommodation. Documentation also is insufficient where, for example: (i) the health care professional does not have the expertise to give an opinion about the student's medical condition and the limitations imposed by it; (ii) the information does not specify the functional limitations due to the disability; or, (iii) other factors indicate that the information provided is not credible or is fraudulent.

Documentation from a credentialed examiner, with clear expertise related to the condition, is required to substantiate the presence of a current disability and to establish the possible need for accommodations at Jersey College.

The essential elements of documentation are:

- Licensed or credentialed evaluator with specific certification or expertise related to the condition being diagnosed (see Qualified Practitioners below) and who is not related to the individual.
- Documentation typed, dated, signed, and otherwise legible.
- Clear diagnostic statement, including diagnostic sub-types where relevant, that describes the condition, presents symptoms supporting the diagnosis and provides information on the functional impact of the condition. A full clinical description conveys this information, as well as current diagnostic codes from the DSM (Diagnostic Statistical Manual of the American Psychiatric Association) or the ICF (International Classification of Functioning, Disability and Health of the World Health Organization.)
- A summary of assessment procedures and evaluation instruments used to make the diagnosis and a summary of evaluation results, including standardized or percentile scores. (See specific guidelines for learning disabilities, psychiatric disabilities, and ADD/ADHD) in Part III of this application.
- Description of the progression or stability of the disability over time and in context.
- Medical information relating to the student's needs to include the impact of medication on the student's ability to meet the demands of the postsecondary environment.

- A statement of the functional impact or limitations of the disability on learning or other major life activity and the degree to which it impacts the individual in the learning context for which accommodations are being requested.
- Specific recommendations for accommodations in the learning environment and rationale for each accommodation. Also, if applicable, must include any record of prior accommodations and an indication of how beneficial the accommodations were. Further assessment by an appropriate professional may be required if coexisting disabling conditions are indicated.

Professionals conducting assessments and rendering diagnoses of disabilities must be qualified. This means that comprehensive training in the differential diagnosis of various disabilities is required. The evaluator must have appropriate professional credentials, including licensure or certifications in the area being assessed. The following are acceptable Qualified Professionals/Practitioners (hereafter a “qualified treating practitioner”):

Type of Disability	Qualified Professionals/Practitioners
Attention Deficit Hyperactivity Disorder (ADHD, ADD, etc.) or Anxiety or Anxiety (Generalized, OCD, Panic Disorder, PTSD, Social, etc.)	Neuropsychologist, Clinical Psychologist, Psychiatrist, Neurologist, Neurodevelopmental Physician
Chronic Illness/Health	Gastroenterologist, Rheumatologist, Endocrinologist, Internal Medicine, or other physician knowledgeable to condition
Developmental Disability (such as Autism Spectrum Disorder)	Neuropsychologist, Psychiatrist, Clinical Psychologist, Neurodevelopmental Physician
Head Injury/TBI	Neurologist, Neuropsychologist
Hearing	Audiologist (CCC-A), Otolaryngologist
Learning Disabilities	School Psychologist, Clinical Psychologist, Neuropsychologist, Neurodevelopmental Physician
Mental Health or Psychiatric	Psychiatrist, Clinical Psychologist
Mobility/Physical	Physical Therapist, Orthopedic Surgeon, other physician knowledgeable to condition
Speech and Communication Conditions	Speech Language Clinician
Vision	Optometrist, Ophthalmologist

IMPORTANT: Advanced Practice Registered Nurses (APRNs) and Advanced Registered Nurse Practitioners (ARNPs) are **NOT** qualified treating practitioners. Requests for Accommodations documented by APRNs or ARNPs **will be denied.**



Request for Reasonable Accommodations - Part I

Completed by Student

(Please type or write legibly)

Instructions

To request reasonable accommodations at our college for testing or other considerations, the student must complete Part I of this form and a qualified treating practitioner must complete Part II and III. Students/qualified professionals must attach photocopies of all appropriate documentation and sign and date the attestation. Appropriate documentation includes, but is not limited to, all evaluations (psychological, medical, and/or educational) used to diagnose the disability requiring a reasonable accommodation. These evaluations must be submitted on official letterhead, be signed by the qualified treating practitioner and must generally have been recently completed. All evaluations must state that the diagnosed disability requires the accommodation requested. Incomplete or illegible applications may result in the denial of the request for accommodation.

The completed form (Part I, Part II and Part III) should be dropped off at the Administration Office. If you have any questions, please contact your Campus Director.

Name:

Last, First, Middle name entry grid

Address:

Line 1, Line 2, Line 3, City, State, Zip Code address entry grid

Other Data:

Cell, Home, Birthday (Month, Day, Year), Email entry fields

1 The age of acceptable documentation is dependent upon the disabling condition, the current status of the student and the student's request for accommodations. Typically, current is defined as three years or less. For disabilities that do not substantially change over time (e.g., dyslexia) older documentation may be utilized. However, all documentation still needs to be current so that it reflects your current abilities and limitations. In such cases, students must supplement documentation for the disability that does not substantially change over time with a letter from a qualified medical professional stating that the documentation accurately reflects your current abilities and limitations. For disabilities that may change substantially over time, or changes when a person is in different environments, the college requires recent (1 year or less) documentation to establish proof of the disability. An example of a disability that may change over time is attention-deficit/hyperactivity disorder (ADHD). An example of a disability that may become more or less severe with a change of environment is multiple sclerosis.

Please fully answer each of the following questions. For each question, attach additional pages, if necessary.

1. Describe your disability.

2. When was your disability diagnosed?

3. How does your disability substantially limit a major life activity?

4. How does your disability impact your ability to fulfill academic requirements?

5. Please list any medications you are currently taking along with side-effects you are experiencing. Include those that may affect your performance as a student.

6. Please list reasonable accommodations you had prior to attending Jersey College. Include the granting institution and time frame of the accommodation.

7. Please list reasonable accommodations you are requesting at Jersey College.

8. How will the requested accommodations help you fulfill academic requirements?

Attestation of Student

I understand that supporting documentation must be provided with this application and that the application must be completed by a qualified treating professional (see “Qualified Professionals/Practitioners” above for additional information regarding the definition of a qualified treating professional). I understand and agree that if I feel to provide supporting documentation and/or a non-qualified treating professional (such as an Advanced Practice Registered Nurses (APRN) or Advanced Registered Nurse Practitioner (ARNP)) completes this application, the request for reasonable accommodations will be denied.

I declare and affirm that the statements made in this request, including accompanying documents, are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of enrollment at Jersey College.

Student Signature

Date



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Request for Reasonable Accommodations Qualified Treating Practitioner Information and Documentation Instructions

A qualified treating practitioner² must complete ALL information in this Part II for Request for Reasonable Accommodations. This section may NOT be completed by the student.

IMPORTANT – READ!! Appropriate documentation for approval of an accommodation is mandated. Therefore, qualified treating practitioners must provide the following:

- Name, title and professional credentials (license number) -- with specific certification or expertise related to the condition being diagnosed
- Documentation on letterhead typed, dated and signed and application Part II and III typed (when possible), dated, signed and otherwise legible.
- Clear diagnostic statement (including diagnostic sub-types where relevant) that describes the condition with a summary of present symptoms supporting the diagnosis.
- Present symptoms supporting the diagnosis and functional impact of the condition. A full clinical description conveys this information, as well as current diagnostic codes from the DSM (Diagnostic Statistical Manual of the American Psychiatric Association) or the ICF (International Classification of Functioning, Disability and Health of the World Health Organization).
- A summary of assessment procedures and evaluation instruments used to make the diagnosis and a summary of evaluation results, including standardized or percentile scores. (See specific guidelines for learning disabilities, psychiatric disabilities, and ADD/ADHD) in Part III of this application.
- Description of the progression or stability of the disability over time and in context.
- Medical information relating to the student's needs, including the impact of medication on the student's ability to meet the demands of the postsecondary environment.
- A statement of the functional impact or limitations of the disability on learning or other major life activity and the degree to which it impacts the individual in the learning context for which accommodations are being requested.
- Specific recommendations for accommodations in the learning environment and rationale for each accommodation. Also, if applicable, must include any record of prior accommodations and an indication of how beneficial the accommodations were. Further assessment by an appropriate professional may be required if coexisting disabling conditions are indicated.

Part II of this request provides questions and answers to meet the specifications of each of the foregoing documentation requirements. In the alternative of completing Part II, the qualified treating practitioner may provide the above information in letter form (on official letterhead, signed and dated).

² Advanced Practice Registered Nurses (APRNs) and Advanced Registered Nurse Practitioners (ARNPs) are NOT qualified treating practitioners.



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Request for Reasonable Accommodations - Part II Qualified Treating Practitioner Documentation

(Please type or write legibly)

NOTE: Advanced Practice Registered Nurses (APRNs) and Advanced Registered Nurse Practitioners (ARNPs) are **NOT** qualified treating practitioners.

SECTION 1 - PRACTITIONER INFORMATION

Practitioner Name (Last, First, Middle):			
Office Address:	City:	State:	Zip Code:
Telephone:	Email:		
Profession:	License Number:	State of License:	
Certification:	Specialty:		

SECTION 2 – PATIENT INFORMATION

Name of Patient (Last, First, Middle):	
Date Patient First Consulted (MM/DD/YY):	Date Patient Last Seen (MM/DD/YY):
Diagnosis of Disability:	
Length of Time with Condition:	Is the student currently under your care? No: <input type="checkbox"/> Yes: <input type="checkbox"/> _____ (how long)

SECTION 3 – OFFICIAL LETTER AND SUPPORTING DOCUMENTATION

- Provide on your official letterhead a statement describing your credentials, area of specialty, and information about any special qualifications that you have for helping people with the specific type of disability, including any experience working with other patients who have similar impairments (e.g., mental disability a psychologist or psychiatric, sight disability an ophthalmologist).
- Provide on your official letterhead a description of tests, assessments, and evaluations that you performed on the patient’s behalf, which identifies any records or other materials reviewed as part of the testing process.
- Provide Jersey College with a copy of such tests, assessments, and evaluations. The age of acceptable documentation is dependent upon the disabling condition, the current status of the student, and the student’s request for accommodations. Typically, current is defined as three years or less. For disabilities that do not substantially change over time (e.g., dyslexia) older documentation may be utilized. However, all documentation still needs to be current to reflect your current abilities and limitations. In such cases, a supplemental letter (on official letterhead) stating that the documentation accurately reflects the current abilities and limitations of the patient should be provided. For disabilities that may change substantially over time or change when a person is in different environments, the college requires recent (1 year or less) documentation to establish proof of the disability. An example of a disability that may change over time is attention-deficit/hyperactivity disorder (ADHD). An example of a disability that may become more or less severe with a change of environment is multiple sclerosis.

SECTION 4 – DISABILITY AND DIAGNOSIS INFORMATION

Please describe in detail the following (if needed, attach additional pages or use the back of this form to fully provide answers to the areas below):

A. Describe the patient’s disability. Include the diagnosis* (including diagnostic sub-types where relevant) and a summary of present symptoms supporting the diagnosis.

B. Describe the assessment procedures and evaluation instruments used to make the diagnosis.

* A full clinical description conveys this information, as well as current diagnostic codes from the DSM (Diagnostic Statistical Manual of the American Psychiatric Association) or the ICF (International Classification of Functioning, Disability and Health of the World Health Organization.)

SECTION 4 – DISABILITY AND DIAGNOSIS INFORMATION (Continued)

C. Provide a summary of evaluation results, including standardized or percentile scores. (See specific guidelines for learning disabilities, psychiatric disabilities, and ADD/ADHD) in Part III of this request for accommodations.

D. Describe in detail the patient’s disability-related impairments, as they relate to the patient’s ability to learn and participate in the educational program. Include a description of the functional impact or limitations of the disability on learning and the degree to which it impacts the individual in the learning context for which accommodations are being requested.

SECTION 4 – DISABILITY AND DIAGNOSIS INFORMATION (Continued)

E. Does the patient take medication related to the diagnosed disability? If yes, what is the impact of the medication on the patient’s ability to meet the demands of the post-secondary environment?

SECTION 5 – REQUESTED ACCOMMODATIONS

A. Describe the accommodations that you recommend to allow the patient to participate fully and equally in the educational program.

B. How did you decide on the above accommodations? What is your rationale for the accommodation?

C. How do you expect the above accommodations to help the student participate fully and equally in the educational program? Please explain how the proposed accommodations are directly related to the disability to promote a fair and equal opportunity for learning.

SECTION 6 – CERTIFICATION OF PRACTITIONER

I hereby certify that the above information is true and is given pursuant to my patient's authorization to release information. I declare that the foregoing statements and those in any required accompanying documents or statements are true. I hereby certify that I have personally completed this portion of this application and that I may be asked to verify the above information at any time.

Signature

Date

IMPORTANT: ATTACH SUPPORTING DOCUMENTATION TO THIS FORM

Checklist

- A statement describing your credentials, area of specialty and information about any special qualifications that you have for helping people with the specific type of disability, including any experience working with other patients who have similar impairments (e.g., mental disability a psychologist or psychiatric, sight disability an ophthalmologist). Please note that this application must be completed by a qualified treating practitioner. The Documentation Guidelines define this term.: Advanced Practice Registered Nurses (APRNs) and Advanced Registered Nurse Practitioners (ARNPs) are NOT qualified treating practitioners.

- A description of tests, assessments and evaluations that you performed on the patient's behalf, which identifies any records or other materials reviewed as part of the testing process. Please also provide Jersey College with a copy of such test, assessments and evaluations;



Request for Reasonable Accommodations - Part III

(Please type or write legibly)

A **qualified treating practitioner** must complete **ALL** information in this Part III for Request for Reasonable Accommodations. This section may not be completed by the student.

IMPORTANT: Advanced Practice Registered Nurses (APRNs) and Advanced Registered Nurse Practitioners (ARNPs) are **NOT** qualified treating practitioners.

Instructions: Only complete the section or sections related to the disability identified in Part II.

- Complete Section A for Physical disability
- Complete Section B for ADHD/ADD disability
- Complete Section C for Other Psychiatric disabilities
- Complete Section D for Learning disability



Section A

**Request for Reasonable Accommodations - Part III
Physical Disability Documentation Form**

(Please type or write legibly)

AREA 1 – ICD CODE AND DIAGNOSIS

Please provide the current ICD code and standard nomenclature for this patient's diagnosis.

Lined area for entering ICD code and diagnosis.

Date of Diagnosis: _____ Most recent date you examined or treated patient: _____

AREA 2 – LIFE ACTIVITIES

The following matrix is essential to establish eligibility. To qualify, the patient’s disability must have a severe impact on at least one of the listed life activities, or, moderately impact multiple areas of functioning. Please use your professional judgment to determine the level of impact of the patient’s physical disability has on the associated life activity. Attach any relevant documentation, treatment records, psychological evaluations, etc. Please complete the matrix to reflect those periods when the condition is not well controlled. Consider side effects of medications and other treatment(s) that may negatively impact life activities. Please check an impact box for each life activity.

Life Activity	No Impact	Moderate Impact	Severe Impact	Don’t Know
Organization				
Concentration				
Activation/initiating to work				
Sustained focus				
Memory				
Stress management				
Timely submission of assignments				
Understanding directions				
Managing internal distractions				
Managing external distractions				
Specific academic topics:				
• Math				
• Reading				
• Written expression				
• Other (please describe)				

From the above matrix, please list how you would expect the life activity limitations you rated as severe to impact the patient in the educational environment. Feel free to inform us of anything else you feel is important to be aware to reasonably accommodate this patient most effectively (use back page if necessary):



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Section B

Request for Reasonable Accommodations - Part III

Disability Accommodation Attention Deficit (ADD)/

Attention Deficit Hyperactivity (ADHD) Documentation Form

(Please type or write legibly)

AREA 1 – DSM-5-TR MULTI-AXIAL DIAGNOSIS

Please provide the DSM-5-TR diagnosis and Code for this patient:

Please provide the current ICD code and standard nomenclature for this patient’s diagnosis:

Date of Diagnosis: _____ Most recent date you examined or treated patient: _____

AREA 2 – OTHER DIAGNOSIS FACTORS

In addition to current DSM-5-TR criteria, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which reasonable accommodations and services are appropriate for the patient.

Criteria	Notes
<input type="checkbox"/> Structured or unstructured interviews with the patient	
<input type="checkbox"/> Interviews with other persons	
<input type="checkbox"/> Behavioral observations	
<input type="checkbox"/> Developmental history	
<input type="checkbox"/> Educational history	
<input type="checkbox"/> Medical history	
<input type="checkbox"/> Neuro-psychological testing. Date(s) of testing?	
<input type="checkbox"/> Psycho-educational testing. Date(s) of testing?	
<input type="checkbox"/> Standardized or non-standardized rating scales	
<input type="checkbox"/> Other (Please specify):	

AREA 3 – LIFE ACTIVITIES

The following matrix is essential to establish eligibility. To qualify, the patient’s disability must have a severe impact on at least one of the listed life activities, or, moderately impact multiple areas of functioning. Please use your professional judgment to determine the level of impact of the patient’s ADD/ADHD has on the associated life activity. Attach any relevant documentation, treatment records, psychological evaluations, etc. Please complete the matrix to reflect those periods when the condition is not well controlled. Consider side effects of medications and other treatment(s) that may negatively impact life activities. Please check an impact box for each life activity.

Life Activity	No Impact	Moderate Impact	Severe Impact	Don't Know
Organization				
Concentration				
Activation/initiating to work				
Sustained focus				
Memory				
Stress management				
Timely submission of assignments				
Understanding directions				
Managing internal distractions				
Managing external distractions				
Specific academic topics:				
• Math				
• Reading				
• Written expression				
• Other (please describe)				



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Section C

Request for Reasonable Accommodations - Part III Psychiatric Disability Documentation Form

(Please type or write legibly)

AREA 1 – Current DSM DIAGNOSIS

Please provide the current DSM code and Standard Nomenclature for patient and all scores to support the diagnosis (attach additional sheet, if necessary)?

Date of Diagnosis: _____ Most recent date you examined or treated patient: _____

AREA 2 – OTHER DIAGNOSIS FACTORS

In addition to current DSM criteria and Standard Nomenclature, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which reasonable accommodations and services are appropriate for the patient.

Criteria	Notes
<input type="checkbox"/> Structured or unstructured interviews with the patient	
<input type="checkbox"/> Interviews with other persons	
<input type="checkbox"/> Behavioral observations	
<input type="checkbox"/> Developmental history	
<input type="checkbox"/> Educational history	
<input type="checkbox"/> Medical history	
<input type="checkbox"/> Neuro-psychological testing. Date(s) of testing?	
<input type="checkbox"/> Psycho-educational testing. Date(s) of testing?	
<input type="checkbox"/> Standardized or non-standardized rating scales	
<input type="checkbox"/> Other (Please specify):	

AREA 3 – LIFE ACTIVITIES

The following matrix is essential to establish eligibility. To qualify, the patient’s disability must have a severe impact on at least one of the listed life activities, or, moderately impact multiple areas of functioning. Please use your professional judgment to determine the level of impact of the patient’s psychiatric disability has on the associated life activity. Attach any relevant documentation, treatment records, psychological evaluations, etc. Please complete the matrix to reflect those periods when the condition is not well controlled. Consider side effects of medications and other treatment(s) that may negatively impact life activities. Please check an impact box for each life activity.

Life Activity	No Impact	Moderate Impact	Severe Impact	Don’t Know
Organization				
Concentration				
Activation/initiating to work				
Sustained focus				
Memory				
Stress management				
Timely submission of assignments				
Understanding directions				
Managing internal distractions				
Managing external distractions				
Specific academic topics:				
• Math				
• Reading				
• Written expression				
• Other (please describe)				



Section D

Request for Reasonable Accommodations - Part III Disability Accommodation Learning Disability Documentation Form

(Please type or write legibly)

Patients applying for services and accommodations on the basis of a learning disability are required to submit a comprehensive psychoeducational assessment performed by a licensed clinical psychologist. In accordance with guidelines developed by the Association on Higher Education and Disability (AHEAD), the psychoeducational assessment should contain:

- Aptitude: A complete intellectual assessment with all sub-tests and standard scores reported.
- Academic Achievement: A comprehensive academic achievement battery with all sub-tests and standard scores reported for those sub-tests administered. The battery should include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language.
- Information Processing: Specific areas of information processing (e.g., short and long-term memory, sequential memory, auditory and visual processing, processing speed, executive functioning, and motor ability.)
- Conclusions: The report should conclude with a clinical summary which brings the supported judgment of the person conducting the assessment to bear in stating a diagnosis and suggesting accommodations which would be appropriate to the relative learning deficits and strengths of the patient.

AREA 1 –DIAGNOSIS FACTORS

Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which reasonable accommodations and services are appropriate for the patient.

Criteria	Notes
<input type="checkbox"/> Structured or unstructured interviews with the patient	
<input type="checkbox"/> Interviews with other persons	
<input type="checkbox"/> Behavioral observations	
<input type="checkbox"/> Developmental history	
<input type="checkbox"/> Educational history	
<input type="checkbox"/> Medical history	
<input type="checkbox"/> Neuro-psychological testing. Date(s) of testing?	
<input type="checkbox"/> Psycho-educational testing. Date(s) of testing?	
<input type="checkbox"/> Standardized or non-standardized rating scales	
<input type="checkbox"/> Other (Please specify):	

AREA 2 – LIFE ACTIVITIES

The following matrix is essential to establish eligibility. To qualify, the patient’s disability must have a severe impact on at least one of the listed life activities, or, moderately impact multiple areas of functioning. Please use your professional judgment to determine the level of impact of the patient’s psychiatric disability has on the associated life activity. Attach any relevant documentation, treatment records, psychological evaluations, etc. Please complete the matrix to reflect those periods when the condition is not well controlled. Consider side effects of medications and other treatment(s) that may negatively impact life activities. Please check an impact box for each life activity.

Life Activity	No Impact	Moderate Impact	Severe Impact	Don't Know
Organization				
Concentration				
Activation/initiating to work				
Sustained focus				
Memory				
Stress management				
Timely submission of assignments				
Understanding directions				
Managing internal distractions				
Managing external distractions				
Specific academic topics:				
• Math				
• Reading				
• Written expression				
• Other (please describe)				

