



ARTS COUNCIL OF  
PRINCETON

### Confidential Self-Disclosure Form

Any student who supplies the Arts Council of Princeton (ACP) with appropriate documentation of a disability is eligible on a case-by-case basis for reasonable accommodations, such as the attendance of an auxiliary caregiver at no additional registration fee (studio space permitting). Students, not the ACP, are responsible for securing such assistance.

In order to review and ultimately accommodate known and suspected disabilities, the ACP should be provided with documentation of the disability. If no such documentation is available, the person charged with the student requiring accommodations shall schedule an appointment with the Education Department at the telephone number listed below to discuss the student's needs, after which a determination will be made as to whether an accommodation could be made. A Confidential Self-Disclosure Form can be found on our website to request such accommodation. If, upon entry into a class, it becomes evident that a student requires supplementary assistance, the ACP reserves the right to require the attendance of an auxiliary caregiver.

When registering for a class, students with disabilities should contact the Education Department at 609-924-8777.

Name \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth (For students under 18 only) \_\_\_\_\_

Please indicate the nature of your disability and indicate the diagnosis where appropriate. Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Learning Disability  | <input type="checkbox"/> Hearing Impairment, Deafness, or Hard-of-Hearing                    |
| <input type="checkbox"/> ADD / ADHD   | <input type="checkbox"/> Traumatic Brain Injury / Neurological Disability - Diagnosis: _____ |
| <input type="checkbox"/> Chronic Medical or Health Disability<br>Diagnosis: _____   | <input type="checkbox"/> Asperger's Syndrome   |
| <input type="checkbox"/> Orthopedic or Physical Disability<br>Diagnosis: _____      | <input type="checkbox"/> Communication Impairment  |
| <input type="checkbox"/> Psychiatric / Psychological Disability<br>Diagnosis: _____ | <input type="checkbox"/> Other (Please describe):<br>_____                                   |
| <input type="checkbox"/> Visual Impairment or Blindness                             |  |

\*Are you requesting that an auxiliary caregiver be allowed to attend the class with you?

\_\_\_\_\_

\*Studio space permitting

