

REQUEST FOR REASONABLE ACCOMMODATION(S)

Name: _____

Telephone: _____ E-mail: _____

Address: _____

I authorize _____ to complete the below documentation relating to my physical and/or mental impairment(s) and request for accommodation(s). I agree that only original documentation completed/provided by a certified or licensed professional will be accepted. I understand it is my responsibility to have the below portion completed by a certified or licensed medical professional and to submit it to the ADA Compliance Coordinator.

Requesting Individual's Signature

Date

Verification Form (to be completed by certified or licensed medical professional)

The individual listed above has requested accommodation(s) for his/her physical or mental impairment(s). To help us evaluate the requested accommodations, we ask that you please provide the following information:

(a) What is the nature of his/her physical and/or mental impairment(s)? _____

(b) How will his/her physical and/or mental impairment(s) substantially limit his/her major life activity(ies)? _____

(c) What, if any, accommodations do you recommend be provided to help ensure his/her equal access and/or full opportunity to participate in our services? For each recommendation, please explain how that accommodation will ameliorate a substantial limitation. _____

Name: _____ Title: _____

Agency/Hospital: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Signature

Date

CONFIDENTIAL

REQUEST FOR REASONABLE ACCOMMODATION(S)

Name: _____

Telephone: _____ E-mail: _____

Address: _____

Please identify the nature of your physical and/or mental impairment(s) for which you are requesting accommodation(s): _____

Please identify how your physical and/or mental impairment(s) will affect your ability to satisfy School requirement(s): _____

Please identify the accommodation(s) you are requesting: _____

Verification of Need: You may be asked to provide medical documentation substantiating your physical and/or mental impairment(s) and/or the need for the requested accommodation(s), including but not limited to when the limitation or impairment is not readily apparent and/or a requested accommodation does not clearly relate to your impairment(s). An Authorization and Verification form is available for your convenience from you ADA coordinator as well as on the PMTS school website under helpful links, but you may submit other appropriate medical documentation. The medical documentation should be current (less than 3 years old) and be from a certified or licensed medical professional trained in the field of your disability (see the ADA Disability Policy located on the PMTS website). Any information you provide will be kept confidential and used solely to determine that the accommodation is needed.

Providing the Accommodation: We will provide a written response within 14 days of receiving your completed Request for Reasonable Accommodation(s) form and any supporting documentation. If you do not agree with the decision, you may appeal the decision through the grievance procedure within the ADA Disability Policy

Requesting Individual's Signature

Date