

Procedure Type: District

Procedure Title: Request for Student Accommodation

Whom Does this Procedure Affect: All District Staff

Purpose: The purpose of this procedure is to provide a form to request accommodation under the Americans with Disabilities Act.

Student's Name SSN (should be student number)

Address Telephone

Disability: _____

_____ Credit Class _____ Non-Credit Class

Request for Semester/Year: _____ FALL _____ WINTER _____ SPRING _____ SUMMER _____

All Classes OR _____ Specific Class(es) Listed Below

Class Name Location Instructor

Class Name Location Instructor

Class Name Location Instructor

_____ Other _____

Difficulty Related to Disability: _____

I am requesting the following accommodation based on my disability: _____

Signature

Date

LAL ACTION TAKEN:

_____ (____) review of documentation to support request
(Date)

_____ Counselor Consultation _____
(Date)

OUTCOME OF REQUEST:

NOTIFICATION: Date: _____ Student _____ By Phone _____ In Person

Date: _____ Instructor

Date: _____ Other

Approximate Cost: _____ Charged to Account: _____

Copies: ORIGINAL _____ LAL/Lifelong Learning _____ LAL Accommodation file _____ Mailed to student