

## ADA Request For Accommodation Form

**Directions:** To request an ADA accommodation, first speak with the principal or supervisor then complete this form and send the completed form to the EEO Office.

### Section A: General Information

<b>Name of the individual who will receive the requested accommodation:</b>	<b>Status of who the individual who will receive the accommodation:</b> <input type="checkbox"/> Student <input type="checkbox"/> Parent of a Student <input type="checkbox"/> Employee <input type="checkbox"/> Applicant <input type="checkbox"/> Visitor/Community Member	<b>Have the needs been discussed with the principal, manager or supervisor?</b>  <div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div>
<b>Name of person completing this form:</b>	<b>ASD Location:</b>  <b>ASD Location address:</b>	
<b>Phone (Voice):</b>	<b>Phone (TTY):</b>	<b>Fax:</b>
<b>E-mail:</b>		<b>Today's date:</b>

### Section B: What Accommodation(s) Are You Requesting? (Check all that apply)

- Sign language services: Please provide Date, location and length of time needed.
- Computer modification (adaptive keyboard, alternative mouse, voice input, screen reader, screen magnifier, Braille display, etc.)
- Communication technologies (TTY, PC TTY, telephone amplifier, signaling devices, assistive listening device, telephone headset, etc.)
- Workspace modifications (non-structural changes to furniture or storage)
- Personal services (readers, note takers, personal assistance services)
- Media in alternative formats (Braille, large print, ASCII, audio, captioning)
- Other \_\_\_\_\_
- Not sure what I need

**Note:** If you have a specific product in mind, please use the back of this form to describe it and include specific information such as <sup>1</sup> the vendor, brand, model number and product information.

**Section C: Other Information**

**Is there a worker's compensation claim in place?**

**Yes**

**No**

**If yes, what is the Claim number? \_\_\_\_\_**

**Please respond to the following questions. Use the back of this sheet or attach an additional sheet if necessary:**

**A. What is your diagnosed medical condition?**

**B. What are the primary limitations to performing your job duties?**

**C. How do you accommodate the impact of your medical condition outside of the workplace?**

**D. Do you currently use assistive technology devices or other services or modifications to perform your job?**

**Yes**

**No**

**If yes, please list them:**

**Signature of Person (s) Completing this form: \_\_\_\_\_ Date: \_\_\_\_\_**