

REASONABLE ACCOMMODATION REQUEST FORM

The purpose of this form is to assist the District in determining whether, or to what extent, a reasonable accommodation may be required for a student with a disability who requires a medical accommodation specific to COVID-19. Once submitted, this form will be used by the 504 committee to determine the level of accommodations needed for your child. You will be included as an active member of the committee.

Please note: If your child currently has an Individualized Education Plan through Special Education you would request a Committee on Special Education meeting through the Office of Pupil Services, rather than utilize this form.

SECTION I: To be completed by Parent requesting accommodation.

Student Name:	Telephone:
Address:	
Request Date:	
E-mail:	
School	
Principal	Telephone:

I give the Carmel Central School District permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, as amended (ADA). I understand that all information obtained during this process will be maintained and used in accordance with the ADA and all legal and regulatory requirements as they pertain to medical and genetic information confidentiality. In situations where the District requires input on questions related to medical or psychological documentation submitted to support a request for reasonable accommodation, I authorize a representative of the District or District Physician to consult with the medical/mental health professional that provided such documentation.

Date

Signature

Reasonable Accommodation Request Form

Please answer the following questions to assist us in understanding the basis and nature of your request for a reasonable accommodation (attach additional sheets if necessary).

A. What is the nature of your child's disability, and what is the expected duration of your disability? (Attach additional pages if necessary.)

B. Explain how the disability/impairment affects the ability to participate in school during the Covid-19 pandemic.

C. Please describe the reasonable accommodations you believe are needed, and why you believe they are needed (attach additional pages if necessary):

D. Please attach a copy of the physician or other health professional recommendation for a specific accommodation

Cultivating Opportunities

