

# ADA REASONABLE ACCOMMODATION REQUEST PROCEDURE

Notifying Southern Technical College of your special need or disability is optional. All Requests for Reasonable Accommodation must be requested by the student in writing. All requests must be provided to the Campus Executive Director, who may consult with the appropriate College personnel, such as, but not limited to, the Senior Vice President of Academic Affairs or Vice President of Operations.

Students are encouraged to provide the College with prompt notice of their needs to allow time for a collaborative process to take place between the student and College in determining both the student's needs and the accommodations that are necessary and available.

To submit a Request for Reasonable Accommodation, a student must complete and submit an Accommodation Request Form and provide, at the same time preferably, supporting documentation from his or her licensed health care professional regarding to the disability in question. That documentation should be current (no more than two years old) and must include at least the following elements:

1. A diagnosis of the disability and any accompanying testing results;
2. A detailed description of the specific impairment, limitations, functional need, and the medical justification for such need;
3. A recommendation for the specific type and duration of the accommodation(s) needed; and
4. The professional credentials (specialty; licensure, etc.), contact information, and signature of the health care provider.

Please remember that accommodations are determined and provided through a collaborative process, which is meant to be informal and aimed at identifying the precise limitations resulting from the disability and the reasonable accommodation(s) that may help a student overcome those limitations.

Each case is different and is treated individually. Upon receiving and reviewing the student's request and initial supporting documentation, the process may continue or a decision may be made on the request. The College may also, on its own, obtain a professional determination of whether requested auxiliary aids are necessary and, if so, what kind. The College may also require an independent medical examination by a healthcare provider of its choosing to assist it in determining the appropriate response to a request for accommodation.

Southern Technical College does not discriminate on the grounds of race, color, religion, national origin, sex, age, or disability in the administration of its educational programs, activities, or with respect to admission and employment.

*Note: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits institutions and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

# REASONABLE ACCOMMODATION REQUEST FORM

The Executive Director organizes services for students requiring special accommodations. Notifying Southern Technical College that you have a disability is optional. If you have a disability and need to request special or individual accommodations, please complete the following information and return it to the Executive Director.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Start Date: \_\_\_\_\_

Campus: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## PART I: Please Type (attach additional sheets as necessary)

1) Brief description of disability, including date of onset: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Specific accommodation(s) requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Treating physician's name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Please attach documentation from your treating physician or other licensed healthcare professional in support of your accommodation request. The documentation should be current (no more than three years old) and must include:

- a diagnosis of the disability and any accompanying testing results;
- a detailed description of the specific impairment, limitations, functional need, and the medical justification for such need;
- a recommendation for the type and duration of the accommodation(s) needed; and
- the professional credentials (specialty; licensure, etc.) and signature of the healthcare provider.

## PART II: Student Signature

I certify that the information provided on this form (and any attachments or supplements) is true and correct to the best of my knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date