

## **ACCESSIBILITY ACCOMMODATIONS REQUEST FORM**

If you are requesting ADA Accommodations, <u>please be sure to download this form and complete it in Adobe</u>

<u>Acrobat utilizing the fillable fields.</u> Be sure to fill out this form completely and as detailed as possible. Once you have completed the form, please submit it to <u>accommodations@thechicagoschool.edu</u>.

STUDENT NAME:		STUDENT ID #:			
TCSPP	E-MAIL:		PHONE #:	CAMPUS:	
YEAR II	N PROGRAM (1s	<sup>3,</sup> 2 <sup>nd</sup> , etc.): DE	EGREE LEVEL (BA, Masters, Doctoral):	PROGRAM:	
Please 1.		following questions as ur disability/diagnosis?	fully as possible (attach additi	ional sheets if necessary):	
2.			y-related limitations may interfeation, etc.). Do you expect this o		
3.	Please list	the accommodations y	rou are requesting.		
4.	identifying provide provide provide understand you with acreasonable	your diagnosis and superious approved acconding of your needs for accommodations identiceness as opposed to your	provide the ADA Liaison team pporting any recommended acommodations letters from any praccommodations. However, pleat to those received at prior instruction preferred accommodation). Sional(s) whose letter(s) you have	ademic accommodations. (Plevious school attended. They ease be aware that TCSPP is stitutions. An assessment is root this line, please identify	lease note, you may also y are helpful in guiding our s not obligated to provide made based upon the name and professional

Please note that if TCSPP grants all or part of your requested accommodations, those accommodations may not be available at a practicum or internship site. If you are taking a practicum or internship course, we encourage you to note that information on this request form and to contact your ADA Liaison and Director of Clinical Training to discuss options.  By submitting this Accommodations Request Form along with documentation from a treating professional, I understand that the ADA Liaison team will contact me within five business days to review my request. I understand that ADA accommodations are an interactive process that may require additional information from me or from my treating professional. To discuss my request, the ADA coordinator may need to meet with me via phone, GoToMeeting, email or inperson (if on-campus). I also understand that accommodations are not retroactive and do not begin until this process has been completed and I have been given a Confirmation of Accommodations letter that I will share with my faculty.  STUDENT SIGNATURE:	5. Please share any additional information you would like the additional sheets, if needed.	ADA Liaison team to know about you. Feel free to attach
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Date Received: Appropriate documentation provided  Notes: ADA Coordinator Signature: Date:	the ADA Liaison team will contact me within five business days to accommodations are an interactive process that may require adaptive professional. To discuss my request, the ADA coordinator may represent (if on-campus). I also understand that accommodations a	to review my request. I understand that ADA ditional information from me or from my treating need to meet with me via phone, GoToMeeting, email or in- are not retroactive and do not begin until this process has
Date Received: Appropriate documentation provided  Notes:  ADA Coordinator Signature: Date:	STUDENT SIGNATURE:	DATE:
Notes: ADA Coordinator Signature: Date:	FOR OFFIC	CE USE ONLY
ADA Coordinator Signature: Date:	Date Received: Appropriate documentation	n provided
ADA Coordinator Signature: Date:	Notes:	
	ADA Coordinator Signature:	