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## ACCESSIBILITY ACCOMMODATIONS REQUEST FORM

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If you are requesting ADA Accommodations, please fill out this form completely and as detailed as possible. Once you have completed the form, please submit it to [accommodations@thechicagoschool.edu](mailto:accommodations@thechicagoschool.edu).

STUDENT NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

TCSPP E-MAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

YEAR IN PROGRAM (1<sup>st</sup>, 2<sup>nd</sup>, etc.): \_\_\_\_\_ DEGREE LEVEL (BA, Masters, Doctoral): \_\_\_\_\_ PROGRAM: \_\_\_\_\_

Please answer the following questions as fully as possible (*attach additional sheets if necessary*):

1. What is your disability/diagnosis?

\_\_\_\_\_

2. Please describe how any disability-related limitations may interfere with your studies (classes, navigating campus, internship, Study Abroad, dissertation, etc.). Do you expect this condition to impact you for the duration of your academic program?

\_\_\_\_\_

3. Please list the accommodations you are requesting.

\_\_\_\_\_

4. In addition to this form, you must provide the ADA Liaison team with a recent letter from your treating professional(s) identifying your diagnosis and supporting any recommended academic accommodations. (Please note, you may also provide previous approved accommodations letters from any previous school attended. They are helpful in guiding our understanding of your needs for accommodations. However, please be aware that TCSPP is not obligated to provide you with accommodations identical to those received at prior institutions. An assessment is made based upon *reasonableness* as opposed to your preferred accommodation). On this line, please identify the name and professional credentials of the treating professional(s) whose letter(s) you have attached to this request form.

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5. Please share any additional information you would like the ADA Liaison team to know about you. Feel free to attach additional sheets, if needed.
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*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 in-person (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: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_  Appropriate documentation provided

Notes: \_\_\_\_\_

ADA Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_