

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 ID #:					
			PHONE #:		CAMPUS:		
YEAR II	N PROGRAM (1st, 2 nd	etc.):	_ DEGREE LEVEL (BA, Masters, I	Doctoral):	PROGRAM:		
Please 1.		owing question lisability/diagno	s as fully as possible <i>(atta</i> osis?	ch additional sheei	s if necessary):		
2.		•	ability-related limitations ma sertation, etc.). Do you exp	-			ic
3.	Please list the	accommodatio	ons you are requesting.				
4.	identifying you provide previounderstanding to provide you upon reasona	ir diagnosis and us approved and of your needs with accommobileness as opp	nust provide the Office of D d supporting any recomme ecommodations letters fron for accommodations. How odations identical to those r osed to your preferred acc e treating professional(s) w	nded academic ac n any previous sch ever, please be av received at prior in ommodation). On	commodations. (Please ool attended. They are ware that The Chicago stitutions. An assessmanthis line, please identif	se note, you may also helpful in guiding our School is not obligated tent is made based by the name and	

5. Please share any add additional sheets, if n	•	Disability Services to know about you. Feel free to attach
Please note that if The C	hicago School grants all or part of your request	ed accommodations, those accommodations may
not be available at a pract	icum or internship site. If you are taking a prac	ticum or internship course, we encourage you to
note that information on the discuss options.	nis request form and to contact the Office of Dis	sability Services and Director of Clinical Training to
By submitting this Accomi	modations Request Form along with document.	ation from a treating professional, I understand
that the Office of Disability	Services will contact me within five business of	days to review my request. I understand that ADA
accommodations are an in	nteractive process that may require additional in	nformation from me or from my treating
professional. To discuss r	ny request, the Office of Disability Services ma	y need to meet with me via phone, email or in-
person (if on-campus). I a	lso understand that accommodations are not re	etroactive and do not begin until this process has
been completed and I hav	ve been given a Confirmation of Accommodatio	ns 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: