REQUEST FOR REASONABLE ACCOMMODATIONS

Course Title: _____
Instructor Name: _____
Student Name: _____
Address: _____
Phone: _____ Email: _____

A. Description of disability, including the manner in which the disability limits major life activities relevant to your participation in the course for which are registered (or want to be registered):

B. Please list the accommodation(s) you are requesting.

C. Describe how the service, equipment, or modification you requested will provide a reasonable accommodation to your disability and describe its specific purpose.

D. Explain, if applicable, any resources you already have, or have access to, which would provide, or assist in providing, the accommodation(s) requested.

NOTE: The LWA Academy will respond via **e-mail**. Please initial here to acknowledge your understanding of this and the inherent limits to confidentiality related to use of email. _____

By signing this form, I acknowledge the following:

It is my responsibility to contact the LWA Academy (dr.wright@lwapsych.com) as soon as possible if:

- I have questions concerning the process for requesting accommodations
- There are any problems or concerns with the implementation of any granted accommodation
- I want to request additional accommodations
- I wish to request a modification or cancellation of any granted accommodation if there are any problems or concerns with the implementation of any granted accommodation
- The LWA Academy may disclose appropriate information about my status as a student with a disability/ies to staff and other individuals who have a legitimate need to know

Signature: _____ Date: _____

Received by LWA Academy (Date): _____

LWA Academy offered the following response (document manner and content of all communication with applicant):

_____

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Signature (LWA Academy Representative): _____

NOTE: This form should be filed with all course material.