## Reasonable Accommodation Request Form

**Section A – To Be Completed by the Student**

**Student Name: ________________________________________**

**Course Name/Number: _________________________________**

**Course Dates: _________________________________________**

**Request Date: _________________________________________**

I am requesting an accommodation related to a medical condition or other qualifying circumstance that may affect my ability to fully participate in an The Civil Engineering School (TCES) course or training program.

To support this request, I authorize my health care provider or appropriate licensed professional to release the information requested in Section B of this form to designated school officials responsible for reviewing and coordinating student accommodation requests. This information will be used solely to evaluate and respond to my accommodation request.

**Student Signature: ___________________________________**

**Date: ________________________________________________**

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**Submission Requirement**

To allow sufficient time for review, coordination, and implementation of approved accommodations, this form and all supporting documentation must be submitted to the Associate Dean no later than **20 calendar days prior to the course start date**. Requests submitted after this deadline may limit the school's ability to fully coordinate or implement accommodations before the course begins.

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**Privacy Act Statement**

Information provided through this process will be maintained confidentially and separately from academic/course records, in compliance with applicable privacy requirements. Information will only be shared with officials who have a legitimate need to know in order to evaluate, coordinate, or implement the requested accommodation.

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**Instructions for Health Care Provider**

The student listed above has requested an accommodation to support participation in an educational or training environment. Please provide sufficient documentation to help determine whether an accommodation is appropriate and what accommodation may be needed.

Documentation should include, as applicable:

- A description of the medical condition or impairment, if the student consents to disclosure
- The nature, severity, and anticipated duration of the condition or limitation
- A statement describing how the condition affects the student's ability to participate in course activities, instruction, testing, field training, practical exercises, or other training requirements
- Any recommended accommodations or restrictions

Please answer the following questions as thoroughly as possible. Attach additional pages if needed.

**Note:** TCES requires only the information necessary to evaluate the accommodation request. Please do not include extraneous medical information.

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**Section B – To Be Completed by the Health Care Provider**

**Provider Name:** ________________________________________

**Specialty:** ____________________________________________

**Phone:** _______________________________________________

**Fax/Email:** ____________________________________________

**Address:** _____________________________________________

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**1. Diagnosis or Medical Condition**

If the student has consented to disclosure, please identify the diagnosis or medical condition relevant to the accommodation request.

**2. Does the condition substantially limit one or more major life activities or educational/training activities?**

☐ No
☐ Yes

If yes, please describe the nature and extent of the limitation, including activities affected, such as walking, standing, seeing, hearing, concentrating, learning, communicating, sitting for extended periods, completing written work, testing, or participating in practical exercises.

**3. Expected Duration of the Condition or Limitation**

☐ Permanent

☐ Temporary – Expected to last until: ________________________

**4. Functional Limitations in the Educational or Training Environment**

Please explain how the condition may affect the student's ability to participate in course instruction, assessments, field activities, practical exercises, classroom activities, or other training requirements.

**5. Recommended Accommodation**

Please list any accommodations you believe would assist the student in participating in the course or training environment.

Examples may include modified testing conditions, additional time, accessible seating, breaks, assistive technology, physical access considerations, or other reasonable adjustments.

**Note:** You are not required to identify a specific accommodation but may do so if you are aware of potential options.

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**Provider Certification**

I certify that the above information is accurate based on my professional knowledge and treatment of the student/patient.

**Provider Signature:** ___________________________________

**Date:** _______________________________________________