**Reasonable Accommodation Request Form** 

Setanta College is committed to implementing a policy of equal opportunities for learners with disabilities. All learners are encouraged to disclose their disabilities, as non-disclosure will severely limit ability to access appropriate procedures, accommodations and supports. This information and other related documentation will be treated confidentially.

**1: Personal Details**

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| --- | --- |
| **Student ID Number****(If applicable)** | Click or tap here to enter text. |
| **Name** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Telephone Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Current programme of study or chosen programme of study if not already enrolled**  | Click or tap here to enter text. |

**2. Accommodation Request**

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| **Identify the disability that is the basis of your request for reasonable accommodation(s).** |
| Click or tap here to enter text. |
| **Describe the nature and duration of the disability identified above.** |
| Click or tap here to enter text. |
| **Have you been treated by a doctor or other medical professional regarding the disability you have identified? Please provide contact information for anyone you identify.** |
| Click or tap here to enter text. |
| **Describe the accommodation you are requesting. (Please note: if a reasonable accommodation is granted it may be an effective accommodation that is different from the one you specify below.)** |
| Click or tap here to enter text. |
| **Please provide any additional information you believe may be of assistance while we review your request for a reasonable accommodation.** |
| Click or tap here to enter text. |

**3. Additional Material**

Please attach, or promptly provide, documentation from your medical provider describing the disability, the medical diagnosis, and suggested accommodations. Information provided by the medical provider will help us assess this request and identify appropriate reasonable accommodations.

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| **Student Signature** | Click or tap here to enter text. |
| **Date** | Click or tap to enter a date. |

**4. To be completed by Setanta College**

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| **Date Received** | Click or tap to enter a date. |
| **Date review began**  | Click or tap to enter a date. |
| **Reasonable accommodations considered** | Click or tap here to enter text. |
| **Is the reasonable accommodation reoccurring?** | Click or tap here to enter text. |
| **Reason for not providing reasonable accommodation (if applicable)** | Click or tap here to enter text. |
| **Date Employee was notified of results of review** | Click or tap to enter a date. |
| **Completed By** | Click or tap here to enter text. |