



ADA Participation & Accommodation Request Form

ADA Participation & Accommodation Request Form Overview

Student Instructions

Student should fill in Section 1 of the ADA Participation and Accommodation Request Form, then provide it to the student's healthcare provider for completion. Please submit the completed form to DisabilityServices@unitekcollege.edu

Please contact your Campus ADA Coordinator for any questions.

Health Care Provider Instructions

Healthcare provider shall complete sections 2 and 3 of the ADA Participation and Accommodation Request Form including provider signature and information.

Section 1: Student/Applicant Information (Student/Applicant to Complete)

Student/Applicant Name:

Campus:

Program of Study:

Student/Applicant Signature:

Date:

Section 2: Information Regarding the Disability (Healthcare Provider to Complete)

Please complete all information in this section.

1. Please provide a description of the student's/applicant's disability.

ADA Participation & Accommodation Request Form

2. Please specify the diagnosis and diagnosis codes, including the date of diagnosis for the student's/applicant's disability.

Primary Diagnosis
& Diagnosis Code:

Date of Diagnosis:

Secondary Diagnosis
& Diagnosis Code:

Date of Diagnosis:

3. How does this disability limit one or more of the student's/applicant's major life activities, such as mobility, communications, learning, working, or socializing?

4. Is the disability considered to be temporary or permanent?

Permanent

Temporary

If temporary, please explain:

Reasonable end date if temporary:

ADA Participation & Accommodation Request Form

5. What specific reasonable accommodation(s) are requested to enable the student/applicant to participate fully in the College educational experience?

Section 3: Healthcare Provider Information (Healthcare Provider to Complete)

Healthcare Provider Name:

Signature:

Office or Practice Name:

Address:

Telephone:

Email:

Date: