

Loudoun County Public Schools

Business & Financial Services

Retirement & Disability Programs

21000 Education Court, Suite 304

Ashburn, VA 20148

(571) 252-1690** (571) 252-1699 Fax



AMERICANS WITH DISABILITIES ACT **STUDENT REQUEST FOR ACCOMMODATION FORM**

This form must be completed when an student is making a request for accommodation due to a documented disability. Please attach additional information if necessary. To be eligible for a reasonable accommodation under the **Americans with Disabilities Act (ADA)**, you must be:

Have a qualifying disability that limits a major life function.

Student Name:	Student Phone:
Department/School Location:	Student ID Number:
1. What is your claimed disability?	
2. Do you find yourself in one of the three ADA impairment categories? Please indicate if you: <input type="checkbox"/> have an impairment <input type="checkbox"/> have a record of impairment or <input type="checkbox"/> are regarded as having an impairment	
3. Please describe which major life activity your impairment limits. (For example: caring for oneself, performing manual tasks, walking, seeing, hearing, sitting, speaking, breathing, learning, remembering, concentrating, etc.)	
4. Describe how your condition limits your ability to perform the essential functions of your job. Using your Student Job Description, identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.	
5. Specifically describe the accommodation(s) you are proposing. Please attach additional pages as necessary.	
6. Please add any comments you feel may be helpful in our consideration of your request.	
<u>Student Signature:</u>	<u>Date:</u>