## WEST NORTHFIELD SCHOOL DISTRICT 31 Reasonable Accommodation Request Form

**Instructions:** Please use this form to request an accommodation in connection with a physical or mental impairment or limitation. Please submit your request as far in advance as practicable so that we can consider it and work to address your needs in a manner consistent with our obligations to you, our students, families, other faculty and staff, and the community. Please submit your completed form to Cathy Lauria:

clauria@district31.net

E-mail:

Nam	ne:		
	First	Middle	Last
5	School:	Job Title:	
Pleas	e use back of sheet if you need m	nore room to answer any questions l	isted below.
1. Ple	ase describe the physical or ment	al impairment(s) or limitation(s) for v	vhich you are seeking an accommodation.
2.	Explain how your condition	impairs or limits your ability to perf	form your assigned job duties.
3.	What is the expected duratio	n of the medical condition (if known	)?
4. piece		ns you are requesting. Be as specific provide description, manufacturer,	c as possible (i.e. If you are requesting a cost, where to order, etc.)
5.	If you are not sure what acc an explore? If <i>yes</i> , please expla		ve any suggestions about what options

6.	Describe how the requested accommodations will enable you to perform your job.
7. suppo	Has a health care professional recommended a specific accommodation? Please describe or attach an rting documentation.
8.	Is your request time sensitive? If yes, please explain.
9.	Please provide any other information that might help us evaluate your request.
Ameri health accord specif	West Northfield School District 31 permission to explore coverage and reasonable accommodations under the cans with Disabilities Act. This may include speaking to appropriate personnel at the District as well as at me care provider. I understand that all information obtained during this process will be maintained and used in lance with ADA confidentiality requirements. I further understand that depending on my limitations and confidentiality requirements to provide appropriate documentation of my disability ing the impact of the functional limitations on my ability to perform the essential functions of my job.
Signat	ure Date

## **RETURN FORM TO:**

Cathy Lauria clauria@district31.net 847-313-4413

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibit employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by these laws. To comply with the law, we are asking that you <u>not</u> provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact than an individual or an individual's family member sough or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.