

CONFIDENTIAL

Chicago Public Schools
Americans with Disabilities Act (ADA)
Request for Reasonable Accommodation Form

This request form is to be used by employees, job applicants, Local School Council (“LSC”) members, and members of the community who wish to participate in employment or school functions or events.

If you need this form in an alternate format (Braille, large print, audiocassette) or if you need assistance in filling out this form, contact:

The Equal Opportunity Compliance Office (“EOCO”)
125 South Clark Street, 11th Floor
Chicago, IL 60603

PHONE: (773) 553-2698 (VOICE)
TTY: (773) 553-2699 FAX: (773) 553-1091

PLEASE PRINT OR TYPE – USE EXTRA SHEETS IF NECESSARY

1. Name: _____
2. Employee ID or Social Security No: _____
3. Mailing Address: _____ Apt. # _____
City _____ State _____ Zip Code _____
4. Home Phone or TTY/TDD Number: (_____) _____
5. School Name/work site: _____
Address: _____
6. Work Phone: (_____) _____
7. Supervisor Name: _____

8. Category of Requester (Mark one)

- A. Teacher Subject _____ Grade _____
- B. CPS Employee (Title) _____
- C. LSC Member (Title) _____
- D. Applicant for employment _____
- E. Other (Describe) _____

9. What accommodation is being requested? If more than one accommodation is being requested please list each one individually.

10. Please detail your medical condition for each accommodation being requested:

11. How are you disabled? Please describe your limitations.

12. How would the accommodation(s) assist you?

13. Please provide us with any additional information that would help us evaluate your request.

***YOUR REQUEST FOR AN ACCOMMODATION CANNOT BE PROCESSED WITHOUT THE HEALTH CARE PROVIDER CERTIFICATION FORM COMPLETED BY YOUR HEALTH CARE PROVIDER. The *Health Care Provider Certification* form and an *Authorization for Release of Medical Information* must be submitted within 30 days after receipt of your request.**

I, _____, certify under penalties of perjury that the information and answers in this Request for Reasonable Accommodation are true and accurate.

Signature

Date

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