

# Schilling-Douglas School of Hair Design

## Student Request for Accommodations

In order to begin the accommodation request process, a student must fill out and submit the Request for Accommodations Form below. It is important to note that filling out this form does not guarantee that the accommodation(s) requested will be granted. Accommodations are determined by the School by a thorough review of the student's medical documentation, an interactive conversation with the student, and the reasonableness of the request within the context of the School. The student must submit signed documentation from a licensed medical/mental health professional. These steps are required in order for the School to determine whether the student would be considered a person with a disability at Schilling-Douglas School of Hair Design and what reasonable accommodations they may or may not qualify for. The requested accommodation needs to be specific to the functional limitations.

Medical/mental health documentation can be emailed with the form below to [tara@schillingdouglas.edu](mailto:tara@schillingdouglas.edu). Once documentation and the Student Request for Accommodations Form have been received, the next step is to schedule an interactive conversation with the School's ADA/Section 504 coordinator.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Program: \_\_\_\_\_

Schedule: \_\_\_\_\_ Start Date: \_\_\_\_\_

Describe the nature, extent and duration of your disability.:

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Describe the accommodations you believe are needed to enable you to perform the essential functions of this program.:

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Provide the name address and telephone number of your health care provider.:

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### Required Documentation

Attach documentation from your healthcare provider regarding your impairment/disability and recommendations for accommodations.

**Additional Documentation** (optional)

Attach any additional supporting documentation that may be helpful in evaluating this request for accommodation.

**Notice**

To be completed by the student only. By completing this Section 504 Accommodation Form and signing below, you are seeking approval for accommodations as communicated in this document. If needed, you are also authorizing the ADA/Section 504 coordinator or School Director to contact your qualified Healthcare Provider to verify information.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date