



## Reasonable Accommodations Request

The purpose of this form is to assist Urban Teachers in determining whether or to what extent a reasonable accommodation is required for a program participant to perform essential program requirements. Please be specific and complete when filling out this form.

(Please note that Urban Teachers cannot grant specific accommodations for coursework, as these are under JHU’s purview, and cannot guarantee accommodations at the participant’s school site, as these are generally under the purview of the school district/CMO. Participants who may need reasonable accommodations in coursework or at their school site should contact JHU or the pertinent school district/CMO directly.)

This information is voluntary. Decisions on your request will be based on the information provided. Your answers will be kept confidential and used in compliance of applicable federal and state laws.

“Disability” includes a physical or mental impairment that substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, or standing.

“Reasonable Accommodation” may include making facilities readily accessible, restructuring of schedules, or appropriate modifications to program materials or policies.

ATTACH ANY AVAILABLE SPECIFIC PRODUCT INFORMATION, WHICH IS BEING REQUESTED TO FULFILL THIS ACCOMMODATION REQUEST, AND A COPY OF PRESENT JOB DESCRIPTION.

Participant Name: \_\_\_\_\_ Cohort Year: \_\_\_\_\_

Circle Site: Baltimore / DC / DFW

Disability: \_\_\_\_\_

Major life activity limitations: \_\_\_\_\_

\_\_\_\_\_

Type of accommodation requested (check one):

Facility accessibility

Restructuring/Modification

Other: \_\_\_\_\_

A. Describe the specific accommodation(s) requested: \_\_\_\_\_

B. Alternative accommodation(s): \_\_\_\_\_

C. Specific program requirement(s) which you are unable to fulfill without a reasonable accommodation: \_\_\_\_\_

Why is this accommodation necessary to fulfill these program requirement(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In addition to the narrative description above, please attach a Physician’s Medical Review Form and any other medical reports or other information that will assist in reviewing your reasonable accommodation request.

By signing below, you certify that you have read and reviewed the [Info Center](#) and understand the essential Urban Teachers program requirements. You further certify that the foregoing statements are complete, accurate and true to the best of your knowledge. You acknowledge that a staff member will contact you to schedule an interview, your request will be discussed in the interview, and a recommendation will be provided to your site Executive Director for review.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Forward to [participant.national@urbanteachers.org](mailto:participant.national@urbanteachers.org) for review.

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### REASONABLE ACCOMMODATIONS RESPONSE

**Interviewing Staff Member:** Complete and forward to the Site Executive Director within five (5) business days of receipt.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Signed

Is Physician’s medical review attached? Yes\_\_\_\_\_

No\_\_\_\_\_

Is job description attached? Yes\_\_\_\_\_

No\_\_\_\_\_

Recommendations:

Recommended for reasonable accommodation with assistance provided by Urban Teachers to fulfill the accommodation.

- Requested amount to fulfill accommodation: \$\_\_\_\_\_

Not recommended for reasonable accommodation provided by Urban Teachers

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Complete and forward to the Director of Participant Affairs.*

**Site Executive Director Review:**

Approval granted for requested reasonable accommodation

Approved amount: \$ \_\_\_\_\_

Modified request for reasonable accommodation granted

Approved amount: \$ \_\_\_\_\_

Request for reasonable accommodation denied

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Signed