



Metro Technology Centers

Student Request for Accommodation`

If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodations in the assessment process and/or classroom accommodations that will ensure that the assessment and/or classroom work accurately reflects your skills, knowledge and abilities. Attempts will be made to provide reasonable accommodations that will allow you to demonstrate your abilities.

The information request below, and any documentation regarding your disability or need for accommodation to obtain career objectives in a program or assessments, will be considered **strictly confidential** and will not be furnished to any outside source without your permission.

| | | | |
|---|-------------------------------------|--------------|--------------------|
| Name: _____ | (Last Name) | (First Name) | (MI) |
| Birthdate: _____ | Social Security Number _____ | | |
| Address: _____ | (Street) | (City) | (State) (Zip Code) |
| Day Telephone (including area code): _____ | (cell phone) _____ | | |

Accommodation needed for _____ Metro Tech Program/class activity

Program/class/activity date _____ Time _____ AM / PM

Accommodation requested:

_____ Testing _____ Transportation _____ Classroom _____ Shop
_____ Other _____

NEED FOR ACCOMODATION: (To be completed by applicant)

Accommodations are needed due to _____ (Disability).

- | | |
|---|------------------------------------|
| _____ Mentally Handicapped | _____ Other Health Impaired _____ |
| _____ Hearing Impaired, including Deafness | _____ Specific Learning Disability |
| _____ Speech or Language Impaired | _____ Autism |
| _____ Visually Impaired including Blindness | _____ Head Injuries |
| _____ Emotionally Disturbed | _____ Medical _____ |
| _____ OrthopediCally Impaired | _____ Other _____ |

All students identified as being disabled must have the proper documentation on file in order to receive accommodation.

Metro Technology Centers does not discriminate on the basis of race, color, national origin, sex/ gender, age, marital or veteran status religion, pregnancy, or qualified disability.

ACCOMMODATION REQUESTED:

The following accommodations are requested to provide me, the student, with equal access to all Metro Technology Centers programs, classes, facilities and activities.

Check types of modifications / accommodations which you feel are necessary for you to obtain equal access for your learning experience while attending Metro Technology Centers programs.

| | |
|---|-------------------------------------|
| _____ Oral testing | _____ Large Print |
| _____ Additional time for tests | _____ Other _____ |
| _____ Calculator | _____ Other _____ |
| _____ Extended time to complete program | _____ Other _____ |
| _____ Additional time for assignments | _____ Other _____ |
| _____ Sign Language Interpreter | _____ Transportation (Daytime only) |

(Name)

(Date)

Your request for accommodation must be certified by an appropriate professional (licensed physician, licensed psychologist, approved agency, etc.)

CERTIFICATION OF NEED FOR ACCOMMODATION

(To be completed by an appropriate professional)

This applicant has discussed with me the nature of the program, and it is my opinion that because of this applicant's disability he or she should be accommodated in the manner described above.

(Signed)

(Title)

(Date Applicant was last examined)

We welcome your suggestions, recommendations, and guidance in our efforts to assist this applicant with his or her career decision.

SUGGESTIONS:

Please submit any/all documentation necessary to validate disability to better serve the student. (IEP, Psychological, Doctor notes, etc.) Please return all paperwork to:

Stephanie Bills, Metro Technology Centers
 Special Needs / Compliance Officer 504 / ADA / IDEA, Title VI, and Title IX
 1900 Springlake Drive – Oklahoma City, Oklahoma 73111
 405-605-4840 / TDD 405-424-8737
 sbills@metrotech.org

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