



**Employee/Member of the Public Request For ADA
Accommodation/Modification**
Office of Human Resources and Development
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland

**MCPS Form 270-6
September 2011**

INSTRUCTIONS: 1. Employees and members of the public should use this form when requesting an accommodation or modification under the Americans with Disabilities Act Amendments Act (ADAAA) of 2008. 2. A request for **facilities modification** made on behalf of a student(s) should also be made on this form. 3. Any other requests for accommodations on behalf of students are handled through the Educational Management Team or Admission, Review and Dismissal Committee process.

PART I: TO BE COMPLETED BY THE REQUESTER AND SUBMITTED TO THE PRINCIPAL/SUPERVISOR

Name _____ Phone _____

Last First MI ID #/Social Security No. Home

Address _____

Street Work

City State Zip TTY/TDD

MCPS Employee? Yes No. If "yes," work location _____

Is this a request for facilities modification being made on behalf of a student? Yes No.

If "yes," name of student _____ Grade _____ School _____

Describe requested accommodation/modification _____

Provide the reason for the request (You may be asked to provide medical documentation of your functional abilities.) _____

Attach additional sheets, if necessary _____

Signature, Requester _____
Date

PART II: PRINCIPAL/SUPERVISOR COMPLETES AND FORWARDS COPY TO THE MCPS OFFICE OF HUMAN RESOURCES AND DEVELOPMENT (OHRD)

Date received _____ Date contact made with requester _____

Resolved Not resolved; referred to OHRD Compliance Coordinator Referred to EMT/ARD

Explain _____

Signature, Principal/Supervisor/Administrator _____
Date

PART III: OHRD COMPLIANCE COORDINATOR COMPLETES IF NOT RESOLVED AT SCHOOL OR OFFICE LEVEL

Date received _____ Date referred to one of the following _____

Office of Human Resources and Development Dept. of Facilities Management Dept. of Transportation Other _____

PART IV: RECEIVING OFFICE COMPLETES AND FORWARDS COPY TO THE COMPLIANCE COORDINATOR (IF NOT RESOLVED)

Resolved Not resolved Explain _____

Signature _____
Title _____
Date

PART V: OHRD COMPLIANCE COORDINATOR COMPLETES IF NOT RESOLVED BY RECEIVING OFFICE

Date form re-received by OHRD Compliance Coordinator _____

Date referred by Compliance Coordinator to Superintendent _____

Other _____

NOTE: This document is available in alternative format upon request. Contact the Department of Communications, Montgomery County Public Schools, 850 Hungerford Drive, Rockville, MD 20850. Telephone 301-279-3391.