MCPS
CLEAR FORM

Employee/Member of the Public Request For ADAAA Accommodation/Modification

Office of Human Resources
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

MCPS Form 270-6
August 2009

INSTRUCTIONS: 1. Employees and members of the public should use this form when requesting an accommodation or modification under the Americans with Disabilities Act Ammendments 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 _____ *Work* _____
Street

_____ _____
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

Date received _____ Date contact made with requester _____

☐ Resolved ☐ Not resolved; referred to Human Resources Compliance Coordinator ☐ Referred to EMT/ARD

Explain _____

_____ _____
Signature, Principal/Supervisor/Administrator *Date*

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

Date received _____ Date referred to one of the following _____

☐ Office of Human Resources ☐ Dept. of Facilities Management ☐ Dept. of Transportations ☐ 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: HR COMPLIANCE COORDINATOR COMPLETES IF NOT RESOLVED BY RECEIVING OFFICE

Date form re-received by HR 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.