



**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.