



## REASONABLE ACCOMMODATION REQUEST

1. To initiate the request process, student should complete Section A. Medical professional should complete Section B. Both should be returned to your Program Director. For the Back End that is Alex Robinson available via email at [alex@turing.edu](mailto:alex@turing.edu), and for Front End that is William Mitchel available via email at [will@turing.edu](mailto:will@turing.edu).

Please be aware that your request cannot be considered until Turing has received your completed form and the form from your Healthcare Professional(s) with all of the necessary information. You are urged to submit all of the completed forms and documents as soon as possible so the request can be reviewed prior to the start date of your program.

Please be aware that Turing reserves the right to deny a request if the accommodation sought is not supported by the data in the assessment or documentation.



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## SECTION A

### STUDENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Cohort: \_\_\_\_\_

### A2. DURATION

Please indicate the estimated duration for the accommodation(s).

Start Date: \_\_\_\_\_

Finish Date: \_\_\_\_\_

### A3. HEALTH CARE PROFESSIONALS

The Health Care Professional(s) who will submit information with respect to my condition(s) and accommodation(s) is (are):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_



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## SECTION B

### EVALUATION & RECOMMENDATIONS OF HEALTH CARE PROFESSIONAL

Please complete this form and return to Turing School of Software & Design:

For the Back End that is Alex Robinson available via email at [alex@turing.edu](mailto:alex@turing.edu),  
and for Front End that is William Mitchel available via email at [will@turing.edu](mailto:will@turing.edu).

The accommodation request will not be considered until this form is received by the School. You are urged to submit the completed form as soon as possible as the Turing program is very fast paced and students can fall behind quickly.

Please be advised that your assessment must support the request for any accommodation; you must be specific as to why a particular accommodation will compensate for the student's disability. Turing reserves the right to deny a request if the accommodation sought is not supported by the data in the assessment or documentation.

You have the option of submitting a separate letter, but your letter must cover the information requested herein.

Name of Health Care  
Professional (*print*): \_\_\_\_\_

Name of Student: \_\_\_\_\_

Telephone of Health  
Care Professional: \_\_\_\_\_

Address of Health  
Care Professional: \_\_\_\_\_  
(*street, city, state, zip*) \_\_\_\_\_

Professional License No. \_\_\_\_\_

Signature/Date Health  
Care Professional: \_\_\_\_\_ Date: \_\_\_\_\_



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### B1. DATE OF FIRST EVALUATION

Please note the first date you evaluated and/or treated this student for the condition(s):

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### B2. DATE OF MOST RECENT EVALUATION

Please note the most recent date you evaluated this student for the condition for which the accommodation is being required:

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### B3. DESCRIPTION OF CONDITION(S)

Please describe in detail the student's disability(ies) and the effect the disability has on the student's ability to perform the requirements of the Turing school curriculum. If necessary, attach a separate sheet.

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#### B4. ESTIMATED DURATION

What is the expected duration of the disability(ies)?

Permanent? Yes\_\_\_\_\_ No\_\_\_\_\_

If no, from \_\_\_\_\_ to \_\_\_\_\_

Describe your medical recommendations and state:

- a) Why and how the proposed accommodation(s) will offset the effect of the disability; and
- b) Whether any other accommodations would have a similar effect.

Please be specific with any accommodations (time, duration, etc)

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