REASONABLE ACCOMMODATION REQUEST FORM FOR STUDENTS
CONFIDENTIAL

This form is used to assist Fullstack Academy in determining whether - or to what extent - a reasonable accommodation is appropriate. By considering this request, Fullstack Academy does not consider or regard the person as having a disability as defined by the American with Disabilities Act, or any other state or federal applicable law. Informal requests made by the student directly to Fullstack instructors or teaching fellows are not considered complete until this form has been submitted to the appropriate individuals indicated below.

Please complete this form and return it to your Program Lead or Campus Director.

Date (mm/dd/yyyy): 9/4/2018	
Student Name: Sophie Creutz	
Student ID	SSN (last 4 digits): XXX-XX- 8760 ____ ____ ____ ____
Address: 1332 W Bryn Mawr Apt 2	
Email Address: sacreutz@gmail.com	Phone: 336-413-6015
Program: Grace Hopper	
Instructor Name(s):	

What is the nature of your impairment? (check all that apply)

- ☑ Learning
- ☐ Chronic Health
- ☐ Visual
- ☐ Hearing
- ☐ Mobility
- ☐ Mental Health
- ☐ Other: _____

Please explain how your impairment affects your ability to participate in the Fullstack Academy Immersive program:

I usually require more time on timed tests.

List the accommodations you are requesting: Additional time on the final retake.

Medical Verification of Impairment
- ☐ Medical documents applicable with this request are attached
- ☑ No medical documentation required - need for reasonable accommodation is observable

PRIOR DISCLOSURE TO FULLSTACK INSTRUCTORS AND STAFF

Have you discussed your need for accommodations and/or disability status with any Fullstack staff members (e.g. instructors, program leads, etc.)? C

❏   Yes
❏   No

If yes, please specify who you shared this information with and the type of information you provided. This will help us better determine next steps, where applicable: Katelyn Turner

RELEASE OF INFORMATION

Our students' privacy is important to us. However, it is often helpful that your instructor also understands your situation. Where deemed necessary, we may share the disclosed information above with members of the Fullstack Academy staff for purposes of providing services to you. Additionally, student files may be released pursuant to a court order or subpoena.

By signing below, I understand that Fullstack Academy will be evaluating my request for reasonable accommodation. I understand that all information disclosed during this process will be maintained and used in accordance with the American with Disabilities Act and any applicable State and Federal laws.

Student Signature: _____   Date: _____   9/4/2018

Student Name: _____   Sophie Creutz

Office Use Only

This student's request for reasonable accommodation has been:

❏   Approved
❏   Denied

Reasonable accommodation to be furnished:

Authorized Signature: _____   Date: _____

Name: _____   Title: _____