

Last Name:

ACCOMMODATION REQUEST

Birthdate:

If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodations in the assessment process and/or classroom that will ensure that the assessment and/or classroom work accurately reflects your skills, knowledge, and abilities. Attempts will be made to provide reasonable accommodations that will allow you to demonstrate your abilities.

The information requested below and documentation regarding your disability or need for accommodation to obtain career objectives in a class or assessment will be considered strictly confidential and will not be furnished to any outside source without your permission.

Middle:

Address:			
City:	County:	State:	Zip: _
Home Phone:	Cell/Work	Cell/Work Phone:	
E-mail address:			
High School:		Year graduated	:
	NEED FOR ACCOMMO <i>To be completed by A</i>		
My ability to perform th	ne following classroom expectations, asses	sments, and projects	is limited due
to		((disability).
List all assessments and	l/or classroom behaviors for which you wil		ons:

First:

There will be no discrimination in the technology center because of race, color, sex, pregnancy, gender, gender expression or identity, national origin, religion, disability, veteran status, sexual orientation, age, or genetic information in its programs, services, activities, and employment. The district also provides equal access to the Boy Scouts of America and other designated youth groups. The following people have been designated to handle inquiries regarding the technology center's nondiscrimination policy (including 504, ADA, Title IX): Assistant Superintendent, Instruction and the Executive Director, Human Resources. Inquiries concerning application of this policy or to file a complaint may be made by calling 405.801.5000, emailing compliance.officer@mntc.edu or by visiting the Franklin Road Campus at 4701 12th Avenue NW, Norman, Oklahoma 73069. Visit www.mntc.edu/consumerinfo for details.

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ACCOMMODATION REQUEST

The following accommodations are requested to provide me, the student, with equal access to all Moore Norman Technology Center classes, facilities, and activities.

Check types of accommodations which you feel are necessary for you to obtain equal access for your learning experience while attending Moore Norman Technology Center classes.

Please be specific. For example, "I will need a nink."	nagnifying glass to read," or "Test materials should be printed in blac
oral testing	calculator
additional time for assignments	Sign Language interpreter
additional time for tests	☐ large print
Other accommodations requested:	
If needed, use an additional page for more expl	anation or details.
Student Signature	Date
Please return this form to:	
Franklin	n Road – Disability Coordinator PO Box 4701
	Norman OK 73070

Your request for accommodation must be certified by an appropriate professional (licensed physician, licensed psychologist, approved agency, etc.).

405.801.5284 Email: amy.watkins@mntc.edu

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