

**Request for Reasonable Accommodation**

If you require an accommodation or accommodations for an essential life skill to fully participate in a proceeding or activity related to a mediation, state complaint investigation or due process hearing, you may request a reasonable accommodation.

To request a reasonable accommodation, please complete the **Request for Reasonable Accommodation Form** and return it to the Department’s Civil Rights Officer with any and all supporting documentation regarding the need for an accommodation. If you need assistance completing this form, contact the Civil Rights Officer at (207) 624-6669, Maine Relay 711 or DOECivilRightsOfficer@maine.gov.

Accommodation requests are granted to any person with a disability for whom such accommodation is reasonable and necessary under the Americans with Disabilities Act of 1990 (ADA), other similar local, state, and federal laws and in such other circumstance as may be required by law. A request for an accommodation that is necessary to ensure equal access and avoid discrimination will be granted unless:

* Providing the accommodation would fundamentally alter the nature of the due process hearing process;
* Participation in the proceeding would create a direct threat to the health or safety of others that cannot be mitigated by a reasonable accommodation; or
* Given the nature of the request, supporting documentation is not provided regarding the need for the accommodation.

You may be required to provide additional information for the Civil Rights Officer to properly evaluate your reasonable accommodation request**.**

***Medical and other health information submitted with the form shall not be made* *public or shared with anyone outside the Department, except with the Mediator, Complaint* *Investigator or Hearing Officer as necessary, unless authorized by law.***

Generally, five working days advance notice is required to review reasonable accommodation requests. However, a response to an immediate need for accommodation will be considered to the fullest extent possible.

For Deaf and Hard of Hearing participants, please be advised that to increase the possibility of securing an appropriate interpreter in your locale, requests for interpreting services should be made AT LEAST SEVEN WORKING DAYS prior to the scheduled appointment whenever possible. Requests made with less time will be accepted with the understanding that last minute requests may be very difficult to fill.



**Request for Reasonable Accommodation Form**

This form may be used to request a reasonable accommodation.

Please send to: Civil Rights Officer

Maine Department of Education

23 State House Station

Augusta, ME 04333-0023

Fax: 207-624-6641

Email: DOECivilRightsOfficer@maine.gov

Date of receipt by MDOE:

1. Name of person requesting accommodation:

 (please print)

Please check one:

Parent: [ ]

Attorney for parent/child: [ ]  Student (if 18 or older): [ ]

Attorney for school/CDS: [ ]  Guardian\*: [ ]

Person appointed by court to make educational decisions\*: [ ]

Educational Surrogate Parent\*: [ ]

\*must include attachment of copy of appointment

1. Contact Information: Person Requesting Accommodation (required information)

|  |
| --- |
| Name |
| Address |
| City |
| State/Zip code |
| Email |
| Home Phone |
| Cell phone |

4. List all known dates/times the accommodation(s) are needed (specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. What accommodation do you need? And why?

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6. Please provide any information that would help the Civil Rights Officer respond to your request. Please describe the nature of all supporting documentation attached.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. How do you want to be informed of the status of your request for accommodation?

Phone [ ]  Writing [ ]  E-mail [ ]  Other [ ]  (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By my signature below, I attest that information provided above is true.

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

 *(Signature of Person Requesting)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Print Name of Person Requesting)*

Civil Rights Officer

#23 State House Station

Augusta, ME 04333-0023

Voice: 207-624-6669

Fax: 207-624-6641

TTY: MAINE RELAY 771

DOECivilRightsOfficer@maine.gov

**Maine Department of Education**

**Request for Reasonable Accommodation**

**Review and Action by the Civil Rights Officer**

***(For Department Use Only - Copy of completed form should be maintained for future reference*)**

Case No:\_\_\_\_\_\_\_\_\_\_ Case Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasonable Accommodation Request Form received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Date)*

Additional information requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional information received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Date) (Date)*

Type of proceeding: [ ]  Mediation [ ]  Complaint Investigation [ ]  Hearing

**Requested Accommodation Denied**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Date)*

[ ]  Fails to satisfy the requirements (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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[ ]  Making the modifications would fundamentally alter the nature of the proceeding.

[ ]  Permitting the applicant to participate in the proceeding creates a direct threat to the health or safety of others that cannot be mitigated by reasonable modifications of policies, practices, or procedures or by the provision of auxiliary aids and services. [If determining that an applicant poses a direct threat, describe the individualized assessment that led to this conclusion, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.].

**Basis for Finding:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Requested Accommodation Granted**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Date)*

[x]  In whole [ ]  In part *(specify)* [ ] Alternative *(specify)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date(s) accommodation will be provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person requesting accommodation notified on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Date)*

Notification achieved via: [ ]  Phone [ ]  Writing [ ]  E-mail [ ]  Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 *(Signature of Official)*

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 *(Type or Print Name of Official)*