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| **A. Questions to clarify accommodation requested.** | | |
| What specific accommodation are you requesting? | | |
| If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? | Yes | No |
| If *yes*, please explain. | | |
| Is your accommodation request time sensitive? | Yes | No |
| If *yes*, please explain. | | |
| **B. Questions to document the reason for accommodation request.** | | |
| What, if any, function are you having difficulty performing? | | |
| What, if any, benefit are you having difficulty accessing? | | |
| What limitation is interfering with your ability to engage with the MAO program? | | |
| Have you had any accommodations in the past for this same limitation? | Yes | No |
| If *yes*, what were they and how effective were they? | | |
| If you are requesting a specific accommodation, how will that accommodation assist you? | | |
| **C. Other.** | | |
| Please provide any additional information that might be useful in processing your accommodation request: (this section may also be used as a continuation for Parts A & B)      Signature    Date  Return this form to [danya@abilityts.com](mailto:danya@abilityts.com) | | |