ACF

GUIDELINES FOR PROCESSING REQUESTS FOR REASONABLE MODIFICATIONS TO POLICIES, PRACTICES OR PROCEDURES FOR INDIVIDUALS WITH DISABILITIES

SAU #9 is committed to complying with federal and state laws and regulations, and providing reasonable modifications to policies, practices or procedures in accordance with those laws when necessary to enable individuals with disabilities to participate in the District's programs, activities and services. The District will follow this process in making determinations regarding such modifications.

In regard to all requests, the District reserves the right to request documentation to establish that the individual's condition (unless obvious) substantially limits a major life activity, and if it does, how reasonable modifications may effectively address the individual's functional limitations without posing a fundamental alteration in the nature of the program, activity or service.

1. Student Request

Requests for modifications for students with disabilities may be made by the student (if not a minor), the student's parent/guardian or a staff member. Such requests can be raised to the student's Individualized Education Program Team (IEP Team) or Section 504 Team, if applicable. Otherwise, requests for modifications should be directed to the Section 504 Coordinator (SAU 9 Director of Special Services, SAU 9, 176A Main Street, Conway, NH 03818 (603-447-8368).

2. Employee Request

An employee seeking disability-related reasonable modifications necessary for the employee to perform the essential functions of their position is directed to: The Superintendent or designee, 176A Main Street, Conway, NH 03818 (603-447-8368). The employee may request such modifications by completing the attached form. The Superintendent or designee may request a meeting with the employee in a confidential manner to discuss their disability status and request, as needed.

3. Parent/Guardian or Other Members of the Public Request

A parent, guardian or other third party may request reasonable modifications to school policies, practices or procedures that they believe are necessary for them to effectively participate by contacting the Section 504 Coordinator (SAU 9 Director of Special Services, SAU 9, 176A Main Street, Conway, NH 03818 (603-447-8368). The request must be made in writing on the attached form (unless an alternative means is requested and agreed to) and provided to the Section 504 Coordinator sufficiently in advance of the applicable program, activity or service so that the disability determination and request can be assessed and addressed appropriately. The Section 504 Coordinator or appropriate designee may request to meet with the individual to discuss their request as needed.

School Administrative Unit #9

REQUEST FORM FOR REASONABLE MODIFICATIONS TO POLICIES, PRACTICES OR PROCEDURES FOR INDIVIDUALS WITH DISABILITIES

[BY EMPLOYEES, PARENTS/GUARDIANS OR THIRD PARTIES]

1. Nam		me:	
2.	 Relation to District (please circle one): Employee Parent/Guardian of Enrolled Studer Member of the Public Other (e.g., vendor) 		
	a.	If Employee, Position and Building:	
	b.	If Parent/Guardian, Name(s)/Grade(s) of Student:	
3.	Na	me and Brief Description of Qualifying Disability (nature, extent, duration):	
4.	Red	quested/Suggested Modification and/or Accommodation (be as specific as possible):	
Un	i	the condition is obvious, attach applicable medical documentation concerning the individual's disability and in all cases documentation of the need for the identified modification and/or accommodation].	
5.	If Employee, Please Provide Health Care Provider Contact Information (name, address, telephone number):		
		Employees: your signature below constitutes authorization to release necessary confidential medical information specifically related to your request.	
Si	igna	ture: Date:	