

BLM National Training Center

Reasonable Accommodation Request for Training

First Name	<input type="text"/>	Bureau/Agency	<input type="text"/>	Supervisor	<input type="text"/>
Last Name	<input type="text"/>	Duty Station	<input type="text"/>	Supervisor Phone	<input type="text"/>
Email	<input type="text"/>				
Phone	<input type="text"/>	Location	<input type="text"/>	Start Date	<input type="text"/>

Is there a current accommodation at your office that will need to be mirrored during training? (Please describe)

No Yes

What accommodations are being requested?

Classroom Accommodations

- Headsets
- Enlarged Print
- Interpreter
- Other (describe)
- Preferential Seating
- Adapted Reading Materials

Testing Accommodations

- Use of Calculator
- Adjusted Time
- Quiet or Separate Setting for Testing
- Other (describe)

Describe below any physical/medical conditions or concerns that may limit your ability to fully participate in any course activities as described in the DOI Learn course description. (You may be contacted by the course coordinator to discuss classroom and field trip conditions in greater detail.) (i.e. sitting/standing/walking/hiking/temperature/severe allergies, etc...)

** List does not include all types of accommodations

It is the student's responsibility to make a disability known if requesting an accommodation. The student may be asked to provide proper medical documentation from a medical provider describing a diagnosis, limitations, and recommended academic adjustments and/or auxiliary aids, if requested.

Requests for interpreters or other special requirements must be received at the NTC no later than 45 days prior to the start of the class in order to allow time for the training coordinator to make appropriate arrangements for adaptive services and equipment. All requests will be considered, however, last minute requests may require the student to reschedule their training.

The student understands that academic adjustments and/or auxiliary aids are not automatically granted.

Signature

Date

Print, sign/date, scan and e-mail the completed form to BLM_TC_RArequest@blm.gov

CONFIDENTIALITY: The Rehabilitation Act requires that all medical information be kept confidential. Medical information obtained will only be shared with the individual involved in the various aspects of providing reasonable accommodations or those who have a need to know as described in BLM Manual 1400-990 Reasonable Accommodation Policy

Deciding Official Signature

Request Approved

Request Denied