

Parent/Guardian Signature: _____ Date: _____

INSTRUCTIONS

This form is to be used by the Town of Hartland in analyzing requests for reasonable accommodation under the American's with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. For questions, please contact _____ at _____.

***** TOWN OF HARTLAND CERTIFICATION *****

Please indicate approval or denial of request, and provide signature.

Approved Denied

_____ _____ _____
Authorized Town Designee Date

Additional Comments:

cc: Parent/Guardian

ⁱ A person may be disabled if he or she **has a physical or mental condition that substantially limits a major life activity** (Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.)