

## Associated Barber College of San Diego

1333 5<sup>th</sup> Ave San Diego, Ca 92101

### Reasonable Accommodations Request Form

1. To initiate the request process, please complete both sides of Section A and return the form to the admissions office, Associated Barber College of San Diego, 1333 5<sup>th</sup> Avenue, San Diego, CA 92101.
2. Have your health care professional complete Section B and return it to the admissions office. If there is more than one Health Care Professional responding on your behalf, each must complete a separate form.
3. Please be aware that your request cannot be considered until Associated Barber College of San Diego has received your completed form and the form from your Health Care Professional(s) with all of the necessary information. You are urged to submit all of the completed forms and documents as soon as possible, as the review process can extend over a minimum of thirty days.
4. Please be aware that Associated Barber College of San Diego reserves the right to request independent evaluations before granting or extending a request for a reasonable accommodation. In addition, Associated Barber College of San Diego reserves the right to deny a request if the accommodation sought is not supported by the data in the assessment or documentation.

#### Section A. Student Information

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Last Name

First Name

M.I

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Address

City

State

Zip Code

(\_\_\_\_) \_\_\_\_\_

Telephone

- A1. Please describe specifically the reasonable accommodation(s) you are requesting and your reasons for the request. Also, describe any alternative suitable accommodations. Attach additional sheets, if necessary.

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Continued on Other Side

**Section A. Student Information (continued)**

A1. Reasonable accommodation(s) (continued)

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A2. State the estimated duration for the accommodation(s).

**Theory Classroom**

**Practical Floor**

Monday	_____ (am/pm) to _____ (am/pm)	Monday	_____ (am/pm) to _____ (am/pm)
Tuesday	_____ (am/pm) to _____ (am/pm)	Tuesday	_____ (am/pm) to _____ (am/pm)
Wednesday	_____ (am/pm) to _____ (am/pm)	Wednesday	_____ (am/pm) to _____ (am/pm)
Thursday	_____ (am/pm) to _____ (am/pm)	Thursday	_____ (am/pm) to _____ (am/pm)
Friday	_____ (am/pm) to _____ (am/pm)	Friday	_____ (am/pm) to _____ (am/pm)
Saturday	_____ (am/pm) to _____ (am/pm)	Saturday	_____ (am/pm) to _____ (am/pm)

A3. The Health Care Professional(s) who will be submitting information with respect to my condition(s) and accommodation(s) is (are):

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**Signature**

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**Date**

## Associated Barber College of San Diego

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### Reasonable Accommodations Request Form

#### Section B. Evaluation and Recommendations of Health Care Professional

1. Please complete both sides of this form and return it to the Admissions Office at Associated Barber College of San Diego, 1333 5<sup>th</sup> Avenue San Diego, Ca 92101. The accommodation request will not be considered until this form is received by Associated Barber College of San Diego. You are urged to submit the completed form as soon as possible as the review process can extend over a minimum of thirty days.
  2. Please be advised that your assessment MUST support the request for any accommodations; you must be specific as to why a particular accommodation will compensate for the student's disability. Associated Barber College of San Diego reserves the right to deny a request if the accommodation sought is not supported by the data in the assessment or documentation.
  3. You have the option of submitting a separate letter, but your letter must cover the following points:
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*Please print* – Name of Health Care Professional

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Street Address

City

State

Zip Code

( ) \_\_\_\_\_

Telephone No.

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Name of Student

- B1. Please note the first date you evaluated and/or treated this student for the condition(s):

\_\_\_\_\_

- B2. Please note the most recent date you evaluated this student for the condition for which the accommodation is being required:

\_\_\_\_\_

Continued on Other Side

**Section B (continued)**

B3. Has the Health Care Professional reviewed our barber programs curriculum and the catalog?

<https://sandiegobarbercollege.com/enrollment/educational-programs/>

<https://associatedbarbercollege.edu/office/student-catalog.pdf>

Yes \_\_\_\_\_ No \_\_\_\_\_

B4. After reviewing the barber program curriculum and catalog please describe in detail the student's disability/ disabilities and the effect the disability has on the student's ability to perform the requirements of the law school curriculum. If necessary, attach a separate sheet.

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B5. What is the expected duration of the disability/ disabilities?

Permanent? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, from \_\_\_\_\_ To \_\_\_\_\_

B6. Describe your medical recommendations and state:

- a) Why and how the proposed accommodation(s) will offset the effect of the disability; and,
- b) Whether any other accommodations would have a similar effect.

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Signature of Health Care Professional

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Date

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Professional License No.