
6. Describe how the requested accommodations will enable you to perform your job.

7. Has a health care professional recommended a specific accommodation? Please describe or attach any supporting documentation.

8. Is your request time sensitive? If yes, please explain.

9. Please provide any other information that might help us evaluate your request.

I give West Northfield School District 31 permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include speaking to appropriate personnel at the District as well as at my health care provider. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. I further understand that depending on my limitations and specific request for accommodation, I may be required to provide appropriate documentation of my disability, including the impact of the functional limitations on my ability to perform the essential functions of my job.

Signature _____ Date _____

RETURN FORM TO:
Cathy Lauria
clauria@district31.net
847-313-4413

The [Genetic Information Nondiscrimination Act of 2008](#) (GINA) prohibit employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by these laws. To comply with the law, we are asking that you **not** provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.