

Request for Reasonable Accommodation

If you believe you may need an accommodation to fully participate in a particular proceeding or activity, you may request a reasonable accommodation.

For a party to request a reasonable accommodation, please complete the **Request for Reasonable Accommodation Form** and return to the Office of Legislation and Hearings with your request for a hearing or response to request for a hearing, with any and all supporting documentation regarding the need for an accommodation. If you need assistance completing this form, contact the Office of Legislation and Hearings at 271-2299 or Stephen.W.Berwick@doe.nh.gov.

Accommodation requests are granted to any person with a disability for whom such accommodation is reasonable and necessary under the Americans with Disabilities Act of 1990 (ADA), other similar local, state, and federal laws and in such other circumstance as may be required by law. A request will be granted unless:

- It is impossible for the Office of Legislation/Hearings to provide the requested accommodation on the date of the proceeding; and the proceeding cannot be continued without prejudice to a party to the proceeding.
 - It is impractical for the Office of Legislation/Hearings to provide the requested accommodation on the date of the proceeding; and the proceeding cannot be continued without prejudice to a party to the proceeding.
- or
- Given the nature of the request, supporting documentation is not provided regarding the need for the accommodation.

You may be required to provide additional information for [*the Office of Legislation/Hearings*] to properly evaluate your reasonable accommodation request. ***Medical and other health information submitted with the form shall not be made public or shared with anyone outside the department, except the Hearing Officer, unless authorized by law.***

Generally, five days advance notice is required to review reasonable accommodation requests. However, a response to an immediate need for accommodation will be considered to the fullest extent possible.

For Deaf and Hard of Hearing participants, please be advised that to increase the possibility of securing an appropriate interpreter in your locale, requests for interpreting services should be made **AT LEAST SEVEN TO TEN WORKING DAYS** prior to the scheduled appointment whenever possible. Requests made with less time will be accepted with the understanding that last minute requests may be very difficult to fill.

(REQUEST FOR ACCOMMODATION)

THE NEW HAMPSHIRE STATE DEPARTMENT OF EDUCATION, OFFICE OF LEGISLATION/HEARINGS

25 HALL STREET, CONCORD, NH 03301

Request for Reasonable Accommodation (_____)

1. Date: _____

2. Name of Person Requesting: _____

Address: _____ Phone No.: _____
(Mailing Address) (Area Code, Phone Number)

_____ E-mail: _____
(City, State, Zip Code)

3. I am participating in a proceeding/activity as a (check all that apply):

- Parent/Client School District/LEA Attorney
- Witness
- Other (specify interest in or connection to proceeding, if any) _____

4. List all known dates/times the accommodation(s) are needed (specify):

5. Why is an accommodation needed?

6. What accommodation would you like? And why?

7. Please provide any information that would help the Office of Legislation/Hearings respond to your request. Please describe the nature of all supporting documentation attached.

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25 HALL STREET, CONCORD, NH 03301

8. How do you want to be informed of the status of your request for accommodation?

Phone Writing E-mail In person Other (specify):

Date: _____



(Signature of Person Requesting)

(Print Name of Person Requesting)

Review and Action by the Office of Legislation/Hearings

(For Office of Legislation/Hearings Use Only-Copy of completed form should be maintained for future reference.)

Case No: _____

Case Name: _____

Request No.: _____
(Sequential Number)

Reasonable Accommodation Request Form received: _____
(Date)

Additional information requested: _____
(Date)

Additional information received: _____
(Date)

Type of proceeding: SPED/Voc Rehab/State Board Hearing
 Mediation Neutral Conference

Requested Accommodation Denied: _____
(Date)

Fails to satisfy the requirements (specify)

Creates an undue burden on the proceedings

Permitting the applicant to participate in the proceeding with the requested accommodation creates a direct threat to the safety or well-being of the person requesting or others.

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25 HALL STREET, CONCORD, NH 03301

Basis for Finding: _____

Requested Accommodation Granted: _____
(Date)

In whole In part (*specify*) Alternative (*specify*)

Dates accommodation will be provided:

Person requesting accommodation notified on:

(Date)

Notification achieved via:

Phone Writing E-mail In person Other (*specify*):

Date: _____ ➤ _____
(Signature of Official)

(Type or Print Name of Official)

(REQUEST FOR ACCOMMODATION)

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