## TOWN OF HARTLAND REQUEST FOR ACCOMMODATION

(This Section is to be completed by the Program participant or Guardian)

Name of Program Participant:		Program:
Parent/Guardian Name		Address
Phone Number		Email Address:
1. Please describe the <u>substantial limitation on a major life activity</u> that you believe establishes that your child is a "qualified individual with a disability" and which may limit your child's access and/or participation in the Town of Hartland's summer program or afterschool program:		
2.	Please describe the <u>functional limitation causare</u> requesting accommodation.	ed by your child's condition for which you
3.	Please describe any potential accommodation participating fully in the Town's Summer progr the Town designee will determine if such a recan be provided without undue hardship.	am or afterschool program. Pleae note that
4.	Please provide any additional information or d for the Town to know in order to determi instituted.	•

Parent/Guardian Sign	nature:	Date:
	INSTRUCTIONS I	
This form is to be used by the Tow Disabilities Act (ADA) and Section 50-	n of Hartland in analyzing requests for reasonable accomr 4 of the Rehabilitation Act. For questions, please contact _	nodation under the American's with
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***** TOWN (	OF HARTLAND CERTIFICATION *****	
Please indicate approval c	or denial of request, and provide signatu	re.
Approved <u>Denied</u>		
	Authorized Town Designee	Date
Additional Comments:		
c: Parent/Guardian		
i A person may be disabled i	f he or she has a physical or mental condition t	that substantially limits a maio

A person may be disabled if he or she <u>has a physical or mental condition that substantially limits a major life activity</u> (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.)