Americans With Disabilities Act (ADA) Accommodations Request Form

This form is being utilized in accordance with the Americans With Disabilities Act, 1990, in an effort to ensure that every person receives fair treatment and opportunities from the Mesquite Independent School District. Any adversity, with regard to ADA, should be made known on this form and submitted to the ADA Coordinator, James E. Huckaby. The ADA Coordinator will review the details of the request and forward the form to the appropriate person/department for further processing.

SECTION A: DESCRIBE IN DETAIL	
1. Nature of the Problem: (WHEN and WHERE did this problem occur?)	
2. Suggested / Requested Action / Accommodation:	
Requestor's Name:	
Position / Title:	
Facility in Question:	
Facility Address:	
City, State, Zip:	
Phone Number:	
Date of Request:	
PLEASE SKIP to SECTION C on PAGE 2	

SECTION B: ****ADA COORDINATOR USE ONLY****	
Has the above-mentioned problem been investigated since your being made aware of it?	
Yes No	
Would compliance with this suggestion/request result in an undue hardship for the Mesquite Independence School District?	dent
Yes No	
PRIORITY? (Determined by the ADA Coordinator)	
NORMAL HIGH	
Details of Your Approval or Denial:	
Suggested Course of Action:	
SECTION C: APPROVAL SIGNATURES:	
Principal / Department Head Date	
Scott Owens, Executive Director - Facilities Management Date/FM	
James E. Huckaby, ADA Coordinator Date/ADA	
Pete Pape, Assistant Superintendent - Finance & Operations Date/F&O	

Return completed form via school mail or $% \left\{ 1,2,...,n\right\}$

FAX: 972-882-5565 or

riskmanagement@mesquiteisd.org

James E. Huckaby ADA Coordinator L.A. Berry Support Complex 972-882-7333