Lansing School District
519 W. Kalamazoo St.
Lansing, MI 48933
(517) 755-1000

EVALUATION OF DISABILITY ACCOMMODATION

PART A: ACCOMMODATION IDENTIFICATION — To be completed by employee		
Employee's Name	**Department/School**	**Today's Date**
Employee's Phone Number	**Employee's ID Number**	**Employee's Position/Classification**
Describe the accommodation requested. Attach medical documentation and additional pages, if needed.		
Employee's Signature		**Date**

PART B: SUPERVISOR'S EVALUATION — To be completed by employee's supervisor	
Provide input on the accommodation requested and any alternative accommodations that would facilitate this request. After completing Part B, send the completed form to the Human Resources Department and keep a copy for your records.	
Supervisor's Signature	**Date**

PART C: ACCOMMODATION COORDINATOR'S COMMENTS — To be completed by Human Resources		
Approved _____	**Denied**_____	
Final determination comments		
Date of Implementation, if approved		
Accommodation Coordinator's Signature		**Date**

PART D: Yearly Redeterminiation — To be completed by employee

Describe how the accommodation has enabled you to perform your job duties. Please indicate if the accommodation is no longer needed or suggest any modifications needed in your accommodation (attach additional pages, if needed). After completing Part D, send the form to your supervisor and keep a copy for your records.

Employee's Signature	**Date**

PART E: SUPERVISOR'S EVALUATION — To be completed by employee's supervisor

Describe how the accommodation enables the employee to perform the essential job functions. Indicate if the accommodation is no longer needed or suggest any modifications needed in the accommodation (attach additional pages, if needed). After completing Part E, send the form to Human Resources and keep a copy for your records.

Supervisor's Signature	**Date**

PART F: ACCOMMODATION COORDINATOR'S COMMENTS — To be completed by Human Resources

Approved _____ **Denied**_____

Redetermination comments

Accommodation Coordinator's Signature	**Date**