



ADA Reasonable Accommodation Request Form

Date: _____

Participant Name: _____

Phone: _____ Email: _____

Training event title (if applicable): _____

Training event date: _____

Training location/address: _____

Think Small/Child Care Aware of Minnesota will comply with federal laws to accommodate individuals with disabilities and adhere to the policies and guidelines of the Americans with Disabilities Act (ADA).

Think Small/Child Care Aware of Minnesota must receive this completed form 7 days prior to the start of the training event.

Describe the nature, extent, and duration of your disability:

Describe the accommodations you believe are needed to enable you to attend a Think Small/Child Care Aware of Minnesota training event _____

I authorize the release of information regarding my disability to Think Small/Child Care Aware of Minnesota management as deemed necessary to facilitate this request for accommodation.

Signature: _____

Date: _____

Please attach any supporting documentation that may be helpful in evaluating this request for accommodation (ex.: IEP, medical note) or email it to PDsupport@thinksmall.org.

If you need assistance completing this form, please contact Think Small PD Support staff via phone at **651-641-3549** or via email **PDsupport@thinksmall.org**.