

## RESA ADA Accommodations Request Form 2018-2019

The RESA is an untimed performance assessment that is completed online from the beginning of the 2018-2019 school year and extending to January 11, 2019. An educator with a disability who requires an accommodation in order to access the RESA Guidebook and support materials and/or requires an accommodation to complete the assessment online according to the general assessment directions may request such accommodation by completing this form.

**DIRECTIONS:** To request approval for an accommodation and to ensure that a timely response is received, this form must be completed and submitted to Educopia, at [resa@educopia.com](mailto:resa@educopia.com) by October 10, 2018.

Please retain a copy of this form for your records. If you have questions about how to fill out this form, please contact [resa@teacheforward.com](mailto:resa@teacheforward.com). Please note, this form does not exempt resident educators from completing the RESA, but if approved, modifications to the Lesson Reflection to be completed by Resident Educators will be considered.

Resident Educator's Information (Type of Print)	Program Coordinator's Information (Type or Print)
Name:	Name:
Educator State ID #:	Educator State ID #:
Email Address:	Email Address:
Building Name & IRN:	District Name & IRN:
Cell Phone:	Phone:

Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Educator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL DOCUMENTATION:**

I have included medical documentation with this request. \_\_\_\_\_  
(Check Here)

Please note: Acceptable documentation meets six broad criteria:

1. The diagnosis is clearly stated.
2. Information is current (issued within the last five years).
3. Educational, developmental, and/or medical history is presented.
4. The diagnosis is supported.
5. The functional limitation for accessibility or accommodations is described.
6. The medical evaluators' professional credentials are established. Documentation should come on official letterhead, and documentation should include the date and type of the mental health professional's or medical doctor's license and the state or other jurisdiction in which it was issued.

**1. Provide a brief description of the accommodation for which you are requesting approval:**

**2. Describe the evidence that supports the need for this accommodation:**

