



HOW TO REQUEST AN ACCOMMODATION

Dear Kaplan Student:

Kaplan Professional is committed to providing appropriate, reasonable accommodations for all eligible students. In compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, Kaplan Professional has established the following guidelines for students seeking reasonable accommodation(s) for our test preparation courses. Requests for accommodation(s) will be reviewed on an individual, case-by-case basis.

Eligibility

To be eligible for an accommodation the student must have:

1. An existing order with Kaplan;
2. A disability, as defined by the ADA, that substantially limits a major life activity and subsequently necessitates a reasonable accommodation;
3. Official request from student on file at KP that states the diagnosed disability and need for the requested accommodation(s) (Section I); and
4. Medical documentation stating the physical or psychological disability diagnosis and how the accommodation(s) will assist the student.* (Section II)
* Students with learning disabilities must submit an Individualized Educational Plan (IEP), if recent, and/or comprehensive evaluation results with the diagnosed learning disability in order to be considered for accommodations, in lieu of Section II.

Guidelines for Documentation

Kaplan cannot provide an accommodation until the student's disability has been verified by a qualified medical professional. Please use Section II of our Accommodation Request Forms and have your qualified medical provider complete and return.*

* Diagnosed learning disabilities must be confirmed through an Individualized Educational Plan (IEP), if recent, and/or comprehensive evaluation results in order to be considered for accommodations.

Directions

Please complete these forms and submit directly to Kaplan Professional an email to your Kaplan representative.

In the event that the information cannot be verified, you will be contacted by a Kaplan liaison.

Return the completed documentation to:

Fax: 608-779-8374 or Email: KPEspecialservices@kaplan.com



**SECTION I:
TO BE COMPLETED BY THE STUDENT**

The policy of Kaplan Professional to comply with the Americans with Disabilities Act (ADA) includes the provision of appropriate accommodations under the ADA. To enable KPE to evaluate and process your request, please complete these forms in their entirety and submit to KPE directly.

All requests must be in writing. *Incomplete forms will delay the accommodation process.*

Name: _____

Phone #: _____ Email: _____

Kaplan order confirmation number: _____ Date: _____

The Kaplan course or materials for which you are requesting accommodation:

Diagnosed disability:

Accommodation(s) requested from Kaplan:

Based on your diagnosed disability, how will the requested accommodation(s) assist in the online learning environment?

Were you provided with a similar accommodation at your high school or other school?

Return the completed documentation to:

Fax: 608-779-8374 or Email: KPEspecialservices@kaplan.com

Please verify by initialing below that you have contacted the test provider and/or the hosting facility regarding the need for accommodation(s) on your exam, along with the date you made contact with them.

Initials: _____

Date: _____

Additionally, provide the test provider and/or hosting site below, along with approved accommodations they will provide for you.

Test provider: _____

Hosting facility: _____

Accommodation(s):

Certification

By signing below, I certify all the information on this form is true and correct to the best of my knowledge.

I understand that the information is necessary to process this application and must be available to Kaplan sufficiently in advance of the services date to timely process my request for accommodations. Under certain circumstances, my ability to attend class may be delayed and I should plan my enrollment accordingly. I acknowledge that Kaplan reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate.

If I am provided materials in an alternative format, such as electronic files, I will abide by the Copyright Law of the United States of America, as amended (17 U.S.C. Sec 101 et seq.). Violations may also constitute a violation of federal and/or state laws and may result in civil proceedings and payment of fines or other moneys to the copyright holder.

Printed name: _____

Signature: _____

Date: _____

Return the completed documentation to:

Fax: 608-779-8374 or Email: KPEspecialservices@kaplan.com



**SECTION II:
TO BE COMPLETED BY A QUALIFIED
MEDICAL PROFESSIONAL**

To enable Kaplan to evaluate and process our student's request, please complete these forms in their entirety and submit to Kaplan, as all medical verification of disabilities must be received in writing.

Incomplete forms will delay the accommodation process. It is highly recommended that the qualified medical professional have an open conversation with the student/patient regarding the request for accommodation(s).

Student/patient name: _____

Student/patient diagnosed disability (*Diagnosed learning disabilities must be confirmed through an Individualized Educational Plan (IEP), if recent, and/or comprehensive evaluation results in order to be considered for accommodations.):

Does the above listed disability impact a major life function, as defined by the Americans with Disabilities Act (ADA), subsequently impacting Kaplan's exam preparation courses? Yes or No? Please explain.

Please verify the accommodation(s) requested by the student/patient is/are necessary for them to attend and participate in Kaplan's exam preparation courses by listing the specific accommodations below:

Date you last treated/evaluated the student/patient:

** If the space provided on this form is not sufficient, you may attach additional pages. Please include the student's name and the date on any additional pages.*

Return the completed documentation to:

Fax: 608-779-8374 or Email: KPEspecialservices@kaplan.com

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Name (printed): _____

Designation: _____

Practice/co.: _____

Address: _____

Telephone: _____

Email: _____

Signature

Date

Office stamp if available:

Return the completed documentation to:

Fax: 608-779-8374 or Email: KPEspecialservices@kaplan.com