



Brevard Public Schools ADA Accommodation Request

Date of Request: _____

School/Facility: _____

Name of individual making request: _____

- Student Parent of a Student Visitor/Community Member

ADA Accommodation Request Forms for Employees or Applicants at <http://benefits.brevard.k12.fl.us/>

Describe the problem:

Explain what needs to be done to resolve the problem:

Signature of person(s) completing this form: _____

Phone No. _____

E-Mail: _____

Principal's recommended accommodation: _____

Signature of Principal/Designee: _____

Phone No. _____

E-Mail: _____

Attachments: Yes _____ No _____