

Request for Work Experience Accommodation

Overview of the Accommodation Process:

- **Step 1:** If the student is requesting accommodations as an individual with a disability, they should first (if they have not already) register with Student Accessibility Services (www.ohio.edu/UC/SAS).
- **Step 2:** Student and their Accessibility Coordinator engage in a conversation as soon as the student knows that they plan to participate in an internship/externship/work experience.
 - This should happen, at the very latest, when the student enrolls in the work experience “class” (example: EDTE 6932, NRSE 4400 etc.) and determines they may need accommodation. Earlier conversations can begin when the student enrolls in a program for which they know this type of experience will be an eventual option or **requirement.
- **Step 3:** The student will begin the official request by contacting and meeting with the individual(s) within their academic college/department that are responsible for coordinating and placing students with work experience partners (i.e. schools/hospitals/businesses/agencies etc.).
 - This conversation must encompass the essential duties and functions that the student will be expected to complete while on externship (i.e. what is the job?).
- **Step 4:** After the student has met with the externship coordination team in their college/department and feel like they understand the essential duties, they will meet with their Accessibility Coordinator to discuss the following:
 - How the disability impacts them; specifically in relation to their ability to complete the essential functions/tasks as outlined by the department/college.
 - Propose/brainstorm possible accommodations.
 - Possibly contact the Job Accommodation Network (JAN) together.
- **Step 5:** Repeat steps 3 and 4 as needed.
- **Step 6:** Once SAS has determined what appropriate accommodations would be, they will work with the department/placement coordinator(s) to contact the externship partner/host.
- **Step 7:** If reasonable accommodations cannot be provided, a new site will need to be arranged.

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Information Sheet (Please complete to the best of your ability)

Student's Name: _____ PID: P _____

Student's Local/Cellular Telephone: _____ E-mail: _____

Academic Program/Major: _____

College/Dept. Placement Coordinator: _____

Semester of Externship/Work Experience: _____

Externship/Internship Course Number (ex. NRSE 4400): _____

Proposed Work Experience Site (if known): _____

Partner/Site Point of Contact (if known): _____

SAS Contact Person: _____ SAS E-Mail: _____

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Disability Information

*****To be completed by SAS Representative and Student together*****

Please briefly describe the nature of the disability and how it may impact the student's participation/access during the externship (i.e. functional limitations). Indicate the recommended accommodations and related considerations to be given in the areas listed below:

1.) Performing Administrative Duties (i.e. completing, organizing, maintaining paperwork):

2.) Performing Manual Labor/Tasks (i.e. bending, twisting, lifting etc.):

3.) Attendance/Absences:

4.) Communicating (either verbally and/or in writing):

5.) Are there **other supports** that you feel that you will need in order to have full access/fully participate in this experience which were not addressed specifically above?