



HOW TO REQUEST AN ACCOMMODATION

Dear Kaplan Student:

Kaplan Professional (Kaplan) 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 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. Each accommodation request requires the submission of a separate Accommodation Request Form.

Eligibility

To be eligible for an accommodation the student must have:

1. A disability, as defined by the ADA, that substantially limits a major life activity and subsequently necessitates a reasonable accommodation,
2. Official request from student on file at Kaplan that states the diagnosed disability and need for the requested accommodation(s) (Section I) and,
3. 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 utilize 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 via email to KP Special Services at kpespecialservices@kaplan.com.

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

ADA Accommodation Request Review and Approval Process

The following processes and timelines are followed in connection with the review and approval of all Accommodation Requests

1. Notification of Receipt. An email notification will be sent to you from kpespecialservices@kaplan.com confirming the receipt of Accommodation Request Form and supporting documents within 3-5 business days from the date of submittal of the Accommodation Request. Included in this email will be the following information:
 - a. The name of your dedicated point of contact person.
 - b. If any further information is needed, a request for such additional information.
 - c. If the Accommodation Request and supporting documents have been provided, notification that the Accommodation Request has been submitted to for legal review and determination, which can take up to 5 business days.

2. Notification of Legal Determination.
 - a. **Approved**. An email will be sent from your dedicated KPE Special Services contact to advise of the approval and that the arrangement for the Accommodation Request is currently in progress.
 - b. **Revised Accommodation**. If KPE is unable to approve the exact accommodation as requested, KPE Special Services will notify you by email with an approved alternate accommodation for your consideration and approval. If the proposed alternative accommodation does not meet your needs, you are requested to reply with any alternative option that will be reviewed which can take up to 5 business days.

3. Accommodation Arrangement Status Report. While the KPE Special Services Team is working to fulfill your Accommodation Request, you will receive an email update reporting on the status of the Accommodation Arrangement every 5 business days until fulfillment.

4. Close Out of Accommodation Request. Once the Accommodation Request has been made, you will receive an email from KPE Special Services confirming that the Accommodation Request has been made and that you are acknowledging your acceptance and close out of this matter.

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 (Kaplan) to comply with the Americans with Disabilities Act (ADA) includes the provision of appropriate accommodations under the ADA. To enable Kaplan to evaluate and process your request, please complete these forms in their entirety and submit to Kaplan 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 below the test provide and/or hosting site, along with approved accommodations they will provide to you.

Test Provider: _____

Hosting Facility: _____

Accommodation(s):

Certification:

By signing below, I certify the following:

- (i) That all the information I have provided in this form is true and correct to the best of my knowledge;
- (ii) That I understand that this information is necessary to process this Accommodation Request Application and must be available to Kaplan sufficiently in advance of the services date to timely process my Accommodation Request;
- (iii) That my ability to attend class may be delayed in which event I should plan my enrollment accordingly;
- (iv) I acknowledge that Kaplan reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate;
- (v) **That if I choose to purchase products or packages prior to the review and approval of my Accommodation Request, that I am doing so at my own risk and fully understand that such purchase does not guarantee approval of my accommodation request;**
- (vi) 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 American, 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 the qualified medical professional have an open conversation with the student/patient regarding their 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 KP's exam preparation courses? Please explain Yes or No.

Please verify the accommodation(s) requested by the student/patient is/are necessary for them to attend and participate in KP'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:

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