



**AMERICANS WITH DISABILITY ACT (ADA)
REQUEST FOR REASONABLE ACCOMMODATION**
(For CPS Employees, Parent/Guardians, Volunteers, Contractors and Consultants)

**GENERAL INSTRUCTIONS FOR AMERICANS WITH DISABILITIES ACT (ADA)
REQUESTS FOR ACCOMMODATION**

The ADA protects qualified individuals with disabilities from discrimination in employment based on their disability. The Act states that a disability is defined as an impairment that substantially limits a major life activity. The Act further provides that among other things, a qualified person with a disability is one who satisfies the requisite skill, experience, education, and other job-related requirement; and can perform the essential functions of their job with or without reasonable accommodation. It must be understood that an employee with a disability, with or without reasonable accommodation, must satisfactorily perform the essential function of the job in order to be considered a qualified individual with a disability.

In accordance with the ADA and Board policies, if you should seek an accommodation, please complete and return the enclosed forms:

1. **ADA Request and Authorization Form** (you complete this form)
2. **Health Care Provider Certification (HCPC)** (to be completed by your health care providers - please make extra copies if you need them.)

Please Note: If you submitted a HCPC Form for the 2025-26 School Year, you will not be required to submit a new form for the 2026-27 School Year unless there has been a change in your disability.

The information submitted by you and your health care provider(s) will be used to determine if you are qualified to receive an accommodation. **Please be advised that the review of your request will not start until we have received all of the completed forms. If we do not receive completed forms within thirty (30) days from the date of this letter, your case will be administratively closed.**

If you have any questions or require additional information, please contact the ADA Office at ada@cps.edu for the quickest response. You may also leave a message at 773-553-1013, Option 2 (Voice) or (773) 553-2699 (TTY). For additional information about the ADA, please visit the CPS Talent Office website at hr4u.cps.edu.

Sincerely,

The Chicago Public Schools Americans with Disabilities Act Compliance Office (ADA Office)



**AMERICANS WITH DISABILITY ACT (ADA)
REQUEST FOR REASONABLE ACCOMMODATION**
(For CPS Employees, Parent/Guardians, Volunteers, Contractors and Consultants)

This request form is to be used by adults who are requesting accommodation to participate in employment, school functions, or events due to a disability. Assistance in filling out this form is available by contacting:

The Americans with Disabilities Act Compliance Office (ADA Office)
2651 W Washington Blvd, Suite 255
Chicago, IL, 60612
Email (Preferred): ada@cps.edu Fax: (773) 553-1091
Phone: (773) 553-1013, Option 2 (Voice)

Name: _____ Employee ID #: _____
Mailing Address: _____ Apt/Unit #: _____
City: _____ State: _____ Zip Code: _____
CPS Email (if applicable): _____
Alternative (Personal) Email: _____
Work Phone: _____ Personal Phone: _____
Preferred Contact Method: _____

___ Email: _____

___ Phone - Preferred contact time: _____

Position/Function (Check One)

___ Teacher Subject: _____ Grade: _____

___ CPS Employee (Title): _____

___ Parent/Guardian

___ Volunteer, Contractor, or Consultant

___ Other: _____

If Applicable:

School Name/Work Site: _____

Supervisor Name: _____

Supervisor Job Title: _____

Supervisor CPS Email: _____



**AMERICANS WITH DISABILITY ACT (ADA)
REQUEST FOR REASONABLE ACCOMMODATION**
(For CPS Employees, Parent/Guardians, Volunteers, Contractors and Consultants)

IMPORTANT NOTICE REGARDING GINA

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. *Genetic Information*, as defined by GINA, includes an individual's family medical history, the result of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

1. Please describe the accommodation or accommodations being requested. If more than one accommodation is being requested, please list each one individually. How do you believe that the requested accommodation(s) assist you (CPS Employees, please be specific to performing your job)? Please include all reasons for the request and do not submit multiple forms for different requests.

2. Please describe how you are impaired and how this limits major life activities.

A physical or mental impairment under the ADA is:

- Any physical disorder, condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic, and lymphatic, skin, and endocrine; *or*
- Any mental or psychological disorder, such as an intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Whether an impairment substantially limits the ability of an individual to perform a major life activity is determined:

- As compared to most people in the general population; and
- Does not need to prevent, or significantly or severely restrict the individual from performing a major life activity - the impairment only needs to "substantially limit" the individual's ability to perform the major life activity



**AMERICANS WITH DISABILITY ACT (ADA)
REQUEST FOR REASONABLE ACCOMMODATION**
(For CPS Employees, Parent/Guardians, Volunteers, Contractors and Consultants)

3. Please detail your medical condition for each accommodation being requested. Details of your medical condition(s) is kept confidential and is not shared with your supervisor.

4. Please provide any additional information that may help us evaluate your request.

- ☐ I submitted a Healthcare Provider Certification for the 2025-26 School Year and attest that my disability has not changed.
- ☐ I will submit a Healthcare Provider Certification for the 2026-27 School Year.

CERTIFICATION

I, _____, certify under penalties of perjury that the information and answers in this Request for Reasonable Accommodation are true and accurate.

Signature

Date

Please submit to the ADA Office by emailing to ada@cps.edu or by faxing (773) 553-1091

CONFIDENTIAL - All information provided is only for use by the ADA Office. For CPS employees, diagnosis and treatment information gathered will not be shared with supervisors and this document will not be added to Personnel Files.