



Title IX Request for Academic Accommodations for Pregnancy

The request for accommodations related to pregnancy must be completed and signed by the medical practitioner and the student. Failure to fully complete the request may delay any accommodations being requested. Changes to accommodations may occur during the progression of the pregnancy. Request for changes to accommodations must be submitted with additional documentation from the medical practitioner justifying/verifying the adjustment.

STUDENT INFORMATION									
First Name:		Last Name:		Middle Initial:					
Student ID:		Email Address:	@my.isothermal.edu						
Address:		City:		State:		Zip:			
Phone Number:	()	Academic Program:							
Semester:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year:					
Campus: <small>(check all that apply)</small>	<input type="checkbox"/> Spindale	<input type="checkbox"/> Polk	<input type="checkbox"/> Rutherford Learning Center	<input type="checkbox"/> Online					
Other:									
MEDICAL PRACTITIONER INFORMATION									
First Name:		Last Name:		Phone Number:	()				
Practice:					Fax Number:	()			
Address:		City:		State:		Zip:			
PLEASE SELECT REQUESTED ACCOMODATIONS (check all that apply): TO BE COMPLETED BY MEDICAL PRACTITIONER									
<input type="checkbox"/> Excused Absence			<input type="checkbox"/> Separate table and chair			<input type="checkbox"/> Temporary disability parking			
<input type="checkbox"/> Frequent restroom breaks			<input type="checkbox"/> Limited exposure to chemicals			<input type="checkbox"/> No lifting over _____ pounds			
<input type="checkbox"/> Frequent breaks to stand/walk			<input type="checkbox"/> Permission to leave class			<input type="checkbox"/> Permission to eat/drink in class			
<input type="checkbox"/> No prolonged standing			<input type="checkbox"/> Excused for tardiness			<input type="checkbox"/> Other (specify in space below):			
Expected duration of accommodations:									
Diagnosis:	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Post-partum	Date of Request:						
Patient's Due Date:		High Risk Pregnancy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A				
REQUIRED SIGNATURES									
Student:					Date:				
Medical Practitioner:					Date:				
APPROVED BY:									
Accessibility Support Counselor:					Date:				
Title IX Coordinator:					Date:				

Note: The request form must be completed and signed by the student, Medical Practitioner, and Title IX Administrator before accommodations can be provided. Accommodations will begin on the date the instructor is notified by the Title IX Coordinator or designee. Students can expect notification via Isothermal Community College student email within five (5) business days of the date submitted.

Please return completed form and supporting documentation to:

Alfreda Lindsay, Accessibility Support Counselor
 Phone: (828) 395-1732 Fax: (828) 286-8109
 alindsay@isothermal.edu
 Isothermal Community College
 286 ICC Loop Road
 Spindale, NC 28160

For office use only:		
	Date:	Initial:
Received:	_ / _ / _	_____
Approved:	_ / _ / _	_____
Emailed:	_ / _ / _	_____