



**Accommodations Request Form**

*If you have or develop a condition that significantly impacts (or is likely to significantly impact) your ability to successfully manage the expectations of internship, the condition may be considered to be an “impairment” by American Disability Act (ADA) standards. Thus, you may consider completing this form and submitting it to Human Resources (HR) at your site, if you would like to provide notification of your condition and request accommodations. Please note that disclosure of your condition(s) is voluntary. Further, NPTC is not able to make decisions on accommodations but can collaborate with interns and sites to develop ideas for support.*

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Site: \_\_\_\_\_  
Supervisor’s Name(s): \_\_\_\_\_

Please describe the nature, extent and duration of the condition(s) you have that significantly impair(s) your ability to perform essential internship job functions.

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Describe the barriers or challenges that you anticipate affecting your ability to perform essential internship job functions.

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Please describe the accommodations or supports you believe are needed to enable you to perform essential internship job functions.

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Your signature below indicates that you authorize the release of information regarding your condition/disability to \_\_\_\_\_ [site name] as deemed necessary by human resources to facilitate this request for accommodation.

Intern signature: \_\_\_\_\_

Date: \_\_\_\_\_