



PPI2PASS.COM

A **KAPLAN** COMPANY

## HOW TO REQUEST AN ACCOMMODATION

Dear PPI Student:

In accordance with the Americans with Disabilities Act (ADA), PPI is committed to ensuring that there is no discrimination against individuals with disabilities on the basis of disability in the full and equal enjoyment of PPI's goods, services, facilities, privileges, advantages, or accommodations. In furtherance of this commitment, PPI will offer courses in an accessible manner to individuals with disabilities. 42 U.S.C. § 12189; 28 C.F.R. § 36.309. PPI will make modifications as are necessary to ensure that the place and manner in which the course or service is given are accessible to individuals with disabilities. PPI will provide appropriate auxiliary aids and services for persons with impaired sensory, manual, or speaking skills, unless it can demonstrate that offering a particular auxiliary aid or service would fundamentally alter the course or would result in an undue burden. PPI will administer courses in facilities that are accessible to individuals with disabilities or make alternative accessible arrangements. Alternative arrangements must provide comparable conditions to those provided for nondisabled individuals, such as, for example, the same opportunity to interact with an instructor, and ask questions and receive answers in real-time. 28 C.F.R. § 36.309(c) (4)-(5). 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. Submitted an official request to PPI 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 requested accommodation(s) will assist the student.\* (Section II) PPI 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.\*

\*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.

### Directions

Please complete these forms and submit directly to PPI via email to the ADA Course Modification Coordinator, Suzanne Novak at [suzanne.novak@kaplan.com](mailto:suzanne.novak@kaplan.com) or by fax to 608-779-8359.

## 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.

Please Note: We recommend waiting to schedule your exam until you receive approval for your accommodation.

1. Notification of Receipt. An email notification will be sent to you 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. If any further information is needed, a request for such additional information.
  - b. If the Accommodation Request and supporting documents have been provided, notification that the Accommodation Request has been submitted for legal review and determination, which can take up to an additional 5 business days.
2. Notification of Legal Determination.
  - a. **Approved**. An email will be sent from the ADA Course Modification Coordinator to advise of the approval and that the arrangement for the Accommodation Request is currently in progress.
  - b. **Revised Accommodation**. If KP is unable to approve the exact accommodation as requested, the ADA Course Modification Coordinator 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 ADA Course Modification Coordinator 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 the ADA Course Modification Coordinator confirming that the Accommodation Request has been made and that you are acknowledging your acceptance and close out of this matter.



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SECTION I  
TO BE COMPLETED BY THE STUDENT

The policy of PPI Professional (PPI) to comply with the Americans with Disabilities Act (ADA) includes the provision of appropriate accommodations under the ADA. To enable PPI to evaluate and process your request, please complete these forms in their entirety and submit to PPI directly.

All requests must be in writing. Incomplete forms will delay the accommodation process.

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

PPI Order Confirmation Number: \_\_\_\_\_ Date: \_\_\_\_\_

The PPI course or materials for which you are requesting accommodation:

Diagnosed Disability:

Accommodation(s) requested from PPI:

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?

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 provided 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) All the information I have provided in this form is true and correct to the best of my knowledge;
- (ii) I understand that this information is necessary to process this Accommodation Request Application and must be available to PPI sufficiently in advance of the services date to timely process my Accommodation Request;
- (iii) My ability to attend class may be delayed in which event I should plan my enrollment accordingly;
- (iv) PPI reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate;
- (v) **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: \_\_\_\_\_

**SECTION II**  
**TO BE COMPLETED BY A QUALIFIED**  
**MEDICAL PROFESSIONAL**

To enable PPI to evaluate and process our student's request, please complete these forms in their entirety and submit to PPI, 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 the student/patient's ability to take 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.*

**I certify that all the information on this form is true and correct to the best of my knowledge and belief.**

Name (Printed):

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Designation:

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Practice/Co.:

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Address:

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Telephone:

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Email:

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Signature

Date

Office Stamp if Available: