

REQUEST FOR CLASSROOM ACCOMODATIONS Guidelines

- Accommodations are adjustments or changes in the way an individual receives, retains or demonstrates knowledge. Usually accommodations are prescribed for students whose disabilities cause educational barriers in being able to receive, retain, or demonstrate knowledge. Accommodations are authorized for students to allow them to compete fairly with their nondisabled classmates. Some common examples of accommodations include: front row seating, extra time to complete exams, taking an exam orally, or bringing a service animal to class.
- Accommodations are based on a person's disability, the limitations or barriers caused by that
 disability, and the training course that he or she is taking. The student is responsible for meeting
 all course requirements using only the specific accommodations that have been approved.
- At least 30 days before the desired training course, complete the Accommodation Request and Release of Information form (next page) and submit it to BMI with supporting documentation from your medical professional. Requests are approved for a period of six (6) months.
- If a student has paid their tuition fee, but cannot attend a course because accommodations could not be approved in time, we will transfer their tuition fee to a future course without penalty.
 - Failure to obtain approval is not grounds for a refund. Per our standard policy, tuition fees are non-refundable.
 - If a student withdraws from or otherwise fails to complete a course they have already started, their tuition fee will be forfeited. Any fees paid would not be transferred to a future course, regardless of whether accommodations have been provided.
 - Students have the right to cancel an unpaid course registration if they disagree with the outcome of their request for accommodations.

SUBMIT FORM & SUPPORTING DOCUMENTATION TO:

Backflow Management Inc. Attn: Jessica Merchant 17752 NE San Rafael St. Portland, OR 97230

E-mail: jessicam@bmibackflow.com

Fax: 503-255-1220

Questions? Please Call Us: 800-841-7689 / 503-255-1619



REQUEST FOR CLASSROOM ACCOMODATIONS & RELEASE OF INFORMATION FORM

Гoday's Date:	Date of Desired Training Course:
-	(These two dates cannot be less than 30 days apart)
Fitle & Location of Course:	·
Student's Name:	
Phone:	E-mail:
Home Address:	
Employer Address:	
	E-mail:
Nature of Disability:	
	ttach supporting documentation from your medical professional)
Accommodation(s) Reques	ted:
	ry information to be released to Backflow Management Inc. for the purposes accommodations only.
Student Signature:	Date Signed:
	OFFICE USE ONLY
Da	ate Reviewed: Staff Initials:
	Expires:
Denied:	