

EVERGREEN BEAUTY COLLEGE

REQUEST FOR REASONABLE ACCOMMODATIONS

Individuals with disabilities are entitled to reasonable accommodations to ensure that they have full and equal access to the educational resources of the Evergreen Beauty College (“the College”), consistent with applicable law. Please refer to the College’s Catalog for additional information.

To request a reasonable accommodation, individuals with disabilities must complete and submit this form and appropriate supporting documentation to your campus ADA Compliance Coordinator. The Disability Accommodation & Grievance Policy attached below has contact information for your campus ADA Compliance Coordinator.

Student First and Last Name (*please print*)

Date

Email

Phone Number

Please list your medical condition(s) and/or diagnosis(es) and how the medical condition(s) and/or diagnosis(es) substantially limits one or more major life activities:

How does your disability affect your participation in academic work, programs or services?

Please detail the accommodations you are requesting at the College:

Please list all possible alternative accommodations:

Is this request for accommodations due to temporary injuries or illnesses?

Yes

No

If yes, please specify the length of time in which you will need the requested accommodation:

Agreement of Expectations

- I will adhere to the College's policies and procedures in the Catalog to facilitate appropriate administration of accommodations.
- I understand that submission of this form without appropriate supporting documentation is not sufficient for requesting a reasonable accommodation.
- I agree to permit the College to contact faculty and staff, on a need to know basis, to relay information regarding my accommodations.

Signature

Date

Disability Accommodation & Grievance Policy

Statement of Non-Discrimination and Accommodation

Evergreen Beauty College (“the School”) does not discriminate on the basis of disability. Individuals with disabilities are entitled to a reasonable accommodation to ensure that they have full and equal access to the School’s educational resources, consistent with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) (“Section 504”) and the Americans with Disabilities Act (42 U.S.C. § 12182) (“ADA”), their related statutes and regulations, and corresponding state and local laws.

Section 504 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance. The ADA prohibits a place of public accommodation from discriminating on the basis of disability. The applicable law and regulations may be examined in the office of the ADA Compliance Coordinator, or his/her trained designee who has been designated to coordinate the efforts of the school to comply with Section 504 and ADA.

ADA Compliance Coordinator

Bellingham Campus: Katy Denoyer , Campus Director, 1414 Cornwall Avenue Bellingham, WA 98273
(360) 389-5213 katy.denooyer@evergreenbeauty.edu

Mount Vernon Campus: Melissa Eichenhofer, Campus Director, 509 S. 1st Street, Mount Vernon, WA 98273
(360) 755-6446 melissa.eichenhofer@evergreenbeauty.edu

Everett Campus: Jenevieve Hunt, Campus Director, 802 SE Everett Mall Way, Everett, WA 98208 (425) 336-5123 jenevieve.hunt@evergreenbeauty.edu

Renton Campus: Kylie Pears, Campus Director, 1222 Bronson Way North – Suite 230, Renton, WA 98057
(425) 336-5123 kylie.pears@evergreenbeauty.edu

Shoreline Campus: Courtney Verble, Campus Director, 18336 Aurora Ave N. – Suite 103, Shoreline, WA 98133
(206) 542-1111 x602 courtney.verble@evergreenbeauty.edu

Yakima Campus: Sonya Konetchy, 401 North 1st Street, Yakima, WA 98901 (425) 336-5123 x 208
sonya.konetchy@evergreenbeauty.edu

Olympia Campus: Jordan Hanson, 2703 Capital Mall Drive SW, Olympia, WA 98502 (360) 266-5788
jordan.hanson@evergreenbeauty.edu

Requests for Accommodation

Individuals with disabilities wishing to request an accommodation must contact the ADA Compliance Coordinator. A disclosure of a disability or a request for accommodation made to any staff, faculty, or personnel other than the ADA Compliance Coordinator will not be treated as a request for an accommodation. However, if a student discloses a disability to such an individual, the individual is required to direct the student to the ADA Compliance Coordinator. Upon request, the ADA Compliance Coordinator (or his/her trained designee) will provide a student or applicant with a **Request for Accommodations form**, which is also available on the School’s website under the Disclosure tab [www.evergreenbeauty.edu/disclosures]. To help ensure timely consideration and implementation, individuals making a request for an accommodation are asked to contact the ADA Compliance Coordinator and/or submit a Request for Accommodations form at least three

weeks prior to when the accommodation is needed.

Individuals requesting reasonable accommodation may be asked to provide medical documentation substantiating his/her physical and/or mental impairment(s) and/or the need for the requested accommodation(s), including but not limited to when the limitation or impairment is not readily apparent and/or a requested accommodation does not clearly relate to the impairment(s). Such documentation should specify that a student has a physical or mental impairment and how that impairment substantially limits one or more major life activities. In general, the supporting documentation must be dated less than three years from the date a student requests a reasonable accommodation, and must be completed by a qualified professional in the area of the student’s disability, as enumerated below:

Disability	Qualified Professional
Physical disability	MD, DO
Visual impairment	MD, ophthalmologist, optometrist
Mobility, orthopedic impairment	MD, DO
Hearing impairment	MD, Audiologist (Au.D) *audiology exam should not be more than a year old
Speech and language impairment	Licensed speech professional
Learning disability	PhD Psychologist, college learning disability specialist, other appropriate professional
Acquired brain impairment	MD neurologist, neuropsychologist
Psychological disability	Psychiatrist, PhD Psychologist, LMFT or LCSW
ADD/ADHD	Psychiatrist; PhD Psychologist, LMFT or LCSW
Other disabilities	MD who practices or specializes within the field of the disability.

Documentation used to evaluate the need and reasonableness of potential accommodations may include a licensed professional’s current medical diagnosis and date of diagnosis, evaluation of how the student’s disability affects one or more of the major life activities and recommendations, psychological and/or emotion diagnostic tests, functional effects or limitations of the disability, and/or medications and recommendations to ameliorate the effects or limitations. The School may request additional documentation or testing as needed.

After the ADA Compliance Coordinator receives the Request Form and the required documentation, the ADA Compliance Coordinator (or trained designee) will engage the student or applicant in an interactive process to determine what accommodations may be appropriate.

If the student or applicant is denied any requested accommodation, the student may file a grievance using the Grievance Process below or the student may file a complaint with the U.S. Department of Education’s Office for Civil Rights or a similar state entity. The School will make appropriate arrangements to ensure that a person with a disability is provided other accommodations, if needed, to participate in this grievance process. The ADA Compliance Coordinator will be responsible for such arrangements.

Grievance Policy Relating to Complaints of Disability Discrimination

The School has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 and/or the ADA. Any person who believes they have been subjected to discrimination on the basis of disability, including disagreements regarding requested accommodations, may file a grievance with Frank Trieu, Director of Compliance, 802 SE Everett Mall Way – Suite A, Everett, WA 98208, (425) 531-7092, frank@evergreenbeauty.edu or Joe Trieu, President, 802 SE Everett Mall Way – Suite A, Everett, WA 98208, (425) 531-7092, joe@evergreenbeauty.edu (425) 336 – 5123 ext. 801 . Grievances must be in writing, contain the name and address of the person filing it, state the problem or action alleged to be discriminatory, and the remedy or relief sought.

The School will investigate each complaint filed, and will not retaliate against anyone who files a grievance or cooperates in the investigation of a grievance. All reasonable efforts will be made to provide a written determination to the student or applicant within 30 days after its filing. If a written determination cannot be made within 30 days of the complaint's filing, the student will be advised and provided an update as to the status of the investigation. The student may also inquire as to the status of the investigation at reasonable intervals. Based on the results of the investigation, the School will take all appropriate actions to prevent any recurrence of discrimination and/or to correct any discriminatory effects.

The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U. S. Department of Education's Office for Civil Rights and/or a similar state agency.

REASONABLE ACCOMMODATION(S) VERIFICATION

Name: _____

Telephone: _____ E-mail: _____

Address: _____

I authorize _____ to complete the below documentation relating to my physical and/or mental impairment(s) and request for accommodation(s). I agree that only original documentation completed/provided by a certified or licensed professional will be accepted. I understand it is my responsibility to have the below portion completed by a certified or licensed medical professional and to submit it to the ADA Compliance Coordinator.

Requesting Individual's Signature

Date

Verification Form (to be completed by certified or licensed medical professional)

The individual listed above has requested accommodation(s) for his/her physical or mental impairment(s). To help us evaluate the requested accommodations, we ask that you please provide the following information:

(a) What is the nature of his/her physical and/or mental impairment(s)?

(b) How will his/her physical and/or mental impairment(s) substantially limit his/her major life activity(ies)?

REASONABLE ACCOMMODATION(S) VERIFICATION

(c) What, if any, accommodations do you recommend be provided to help ensure his/her equal access and/or full opportunity to participate in our services? For each recommendation, please explain how that accommodation will ameliorate a substantial limitation.

Name: _____ Title: _____

Agency/Hospital: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Signature

Date