

OFFICE OF EQUITY AND INCLUSION

Medical Certification of an ADA Qualifying Impairment

Employees requesting a reasonable accommodation pursuant to the Americans with Disabilities Act of 1990 are asked to have an appropriate health care professional complete the following form certifying that the employee is eligible to receive an accommodation. **(Please make information legible for reading)**

Employee name: _____

Nature and severity of the employee's impairment: _____

Anticipated Duration: _____

Nature of Long Term Impact: _____

Major life activities substantially limited by the impairment: *(e.g. - walking, speaking, breathing, perform manual tasks, seeing, hearing, learning, caring for oneself, sitting, standing, lifting or reading - activities that an average person can perform with little or no difficulty)*

Work related restrictions that necessitate a reasonable accommodation for this employee:

Name of attending physician or practitioner (please print): _____

Address: _____ Telephone Number: _____

Signature of attending physician or practitioner: _____

Date: _____

Procedures for Requesting Reasonable Accommodation(s) under the ADA

The district's Office of Equity and Inclusion (OEI) is responsible for processing requests for reasonable accommodations for faculty and staff and students not eligible for Exceptional Student Education. The Exceptional Education and Student Services (EE/SS) office is responsible for processing similar requests for students with disabilities or students with §504 Plans. Duval County Public Schools (DCPS) is mindful of the health and safety interest of its general community. The following procedures are intended to address these concerns.

1. A Request for a reasonable accommodation (form) must be submitted to the OEI. The request should be made through the Principal/Department Head, or immediate Supervisor of the person requesting an accommodation. The individual (Applicant) may contact the OEI directly and request a form. Please see page 4 of these procedures with regard to requests for the use of a service animal.
2. A copy of these procedures and required documents will be provided to the Applicant, including a release allowing communication with her/his physician or health care provider.
3. The OEI will contact the Principal/Department Head or immediate Supervisor of the Applicant for input. In addition, a site visit will be scheduled.
4. A letter will be sent to the Applicant's physician or health care provider by OEI, if necessary.
5. The OEI will review all paperwork submitted and will obtain guidance from the US Equal Employment Opportunity Commission and other state or local organizations representing or providing services to individuals with disabilities in order to identify an appropriate accommodation. **PLEASE NOTE:** While the district will consult with the Applicant regarding potential accommodations, the district will also enlist the assistance of state and/or local organizations as indicated above in order to identify an appropriate accommodation. Its determination will also consider district resources. In addition, the district will take any other actions it deems necessary in order to identify an appropriate accommodation for the applicant.
6. After all documentation is reviewed and a site visit has been conducted, a determination will be made regarding the request for an accommodation. It is either granted or denied. The Applicant will receive written notification of the district's determination.
7. The Applicant must sign an acknowledgment for receipt of the accommodation for the time period (beginning/end) in which the accommodation is granted. The Applicant is responsible for contacting the OEI before the end of the school year to determine her/his status. Accommodations are granted for a period of one year only.
8. If equipment is purchased and received by the Applicant, she/he must sign an acknowledgment indicating receipt of the equipment (equipment will be labeled as district property and assigned a serial number and/or other identification for tracking purposes).
9. If the Applicant receiving the accommodation is transferred, she/he must notify the OEI. The accommodation does not necessarily accompany her/him to the subsequent job assignment (may not be required or necessary). A follow-up determination must be made to determine need.

**Authorization for Release of Medical Information Regarding
Request for Reasonable Accommodation(s)**

PATIENT INFORMATION (Please Print):

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

I hereby give authorization to the following medical provider to communicate with Duval County Public Schools regarding my request for a reasonable accommodation under the Americans With Disabilities Act of 1990 (ADA):

Medical Provider Name: _____

Telephone No.: _____

Fax No.: _____

BY MY SIGNATURE I AUTHORIZE MY MEDICAL PROVIDER TO COMMUNICATE WITH DUVAL COUNTY PUBLIC SCHOOL'S OFFICE OF EQUITY AND INCLUSION REGARDING MY REQUEST FOR A REASONABLE ACCOMMODATION(S).

Applicant: _____ Date: _____

Office of Equity and Inclusion
Duval County Public Schools
1701 Prudential Drive - 4th Floor
Jacksonville, Florida 32207
904.390.2181 – 904.390.2536 (Fax)

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Acknowledgment of Accommodation Determination

I have read and understand the information received from the Office of Equity and Inclusion regarding my request for a reasonable accommodation. I accept the accommodation provided by district and understand that it is effective for the period:

From: _____

To: _____

I further understand that at the end of the period identified above, it is my responsibility to contact the Office of Equity and Inclusion and advise them of my status. I will at that time also renew my application for an accommodation, if necessary. I may be required to submit updated medical certification and be subject to the regular process of applying for an accommodation as set forth in the documentation provided.

Name (Printed)

Signature

Personnel Number

Date

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Request for Use of Service Animals

The decision to allow the use of a service animal shall be made by the district after meeting with the individual requesting the service animal and reviewing the relevant information regarding the individual's disability and limitations and the purpose for the service animal.

I. Definition of Service Animal

A Service animal is any guide dog, signal dog, or other animal individually trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items.

A "companion" or "therapy" animal is an animal whose role is to provide companionship, affection, security, a calming influence, or otherwise function as part of a regimen of psychological treatment. A companion or therapy animal does not meet the definition of "service animal," unless it assists an individual with a disability by performing specific tasks associated with the activities of daily living.

II. Procedures/Requirements

- A. Applicant (Parent or Guardian) must submit a request for the use of a service animal to the principal of the school the student attends. Applicants are strongly encouraged to submit their request in writing. Applicant's request must provide a description of the specific tasks that the service animal performs. A copy of the request or other documentation acknowledging the tasks to be performed by the service animal must be forwarded to the OEI.
- B. Requests for the use of service animals on DCPS property must, whenever possible, be made no less than thirty (30) school days prior to the proposed use of the service animal. Under no circumstances should a service animal be on DCPS property without prior notification and receipt of information as outlined in Item A above.
- C. It is the owner/handler's responsibility to assure that the service animal is at all times in compliance with all required state and local requirements associated with licensing, vaccinations, and other health regulations.
- D. The employee, eligible student, or the student's parents/guardians are required to provide the following information in support of their request:
 - a. verification that the service animal is properly trained and certified
 - b. verification that the handler for the service animal is properly trained

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- E. Service animals must always be on a harness, leash or other form of restraint mechanism. It is the responsibility of the applicant (and/or parent/guardian) who uses a service animal pursuant to these guidelines to provide proper handling and control of the service animal at all times. It is recommended that the service animal wear proper identification at all times (i.e., cape, harness or backpack).
- F. Applicant (and/or parent/guardian) is responsible for cleaning and caring for their service animal, as well as removing animal waste.
- G. Service animals can be removed from district grounds due to failure to comply with these guidelines, and if:
 - a. The service animal is out of control and/or the animal's handler does not effectively control the animal's behavior;
 - b. The service animal is not housebroken or the animal's presence or behavior fundamentally interferes in the functions of the school district; or
 - c. The service animal poses a direct threat to the health or safety of others that cannot be eliminated by reasonable modifications.

III. LIABILITY

The student/parent is liable for any damage to school district or personal property and any injuries to individuals caused by their service animal. The student/parent who uses a service animal on school district property will hold the school district harmless and indemnify the school district from such damages.

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Request for Use of Service Animal

Owner

Student (if applicable)

Type of Service Animal

___ Dog ___ Other

Name of Animal

Please confirm the following:

- ___ The service animal is properly trained and certified.
- ___ The handler for the service animal is properly trained.
- ___ The service animal is in compliance with all required state and local requirements associated with licensing, vaccinations, and other health regulations.

I have read and understand the district's procedure and guidelines for requesting the use of a service animal. I understand that:

- a. Service animals must always be on a harness, leash or other form of restraint mechanism. *It is recommended that the service animal wear proper identification at all times (i.e., cape, harness or backpack).*
- b. Applicant (and/or parent/guardian) is responsible for cleaning and caring for their service animal, as well as removing animal waste.
- c. Applicant (and/or parent/guardian) is liable for any damage to school district or personal property and any injuries to individuals caused by their service animal.

I further understand that service animals can be removed from district grounds due to failure to comply with these procedures and guidelines: and, if the service animal is (1) out of control and/or the animal's handler does not effectively control the animal's behavior; (2) the service animal is not housebroken or the animal's presence or behavior fundamentally interferes in the functions of the school district; or (3) the service animal poses a direct threat to the health or safety of others that cannot be eliminated by reasonable modifications.

Name (please print)

Date

Signature