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Miami-Dade County Public Schools
giving our students the world

FACILITIES ADA ACCOMMODATION REQUEST

Division of Facilities ADA Compliance *(Please print clearly)*

FACILITY NAME & ADDRESS: _____ **MDCPS LOCATION #:** _____

BUILDING NUMBERS: _____ **ROOM NUMBERS:** _____

THIS REQUEST IS TO ACCOMMODATE:	❑ **Student**	❑ **Male**	**DISABILITY TYPE:**	❑ **Permanent**
	❑ **Staff**	❑ **Female**		❑ **Temporary**
	❑ **Other**			

DESCRIPTION OF ACCOMMODATION BEING REQUESTED: Include specifics of the type of deficiency. Attach relevant sections of the facility's as-built drawings. If drawings are not available, provide sketch(es), FISH drawing(s), survey and any other related reports and/or documents.

EXPLAIN LEVEL OF URGENCY AND WHEN ACCOMMODATION IS NEEDED: _____

PRINT NAME:	**SIGNATURE:**	**DATE:**
INITIATOR: PHONE:_____		
SUPERVISING ADMINISTRATOR		

FOR USE BY DIVISION OF FACILITIES ADA COMPLIANCE ONLY

Description of Action Taken:

Copy: Access Center Superintendent Principal/Supervising Administrator