

## SEIU Healthcare NW Training Partnership

### Policy on Reasonable Accommodation of Students with Disabilities.

#### 1. Policy Statement

The SEIU Healthcare NW Training Partnership (“Partnership”) admits students regardless of race, color, national origin, ethnic origin, gender, age, disability and sexual orientation to all the rights, privileges, programs, and activities generally accorded or made available to students by the Partnership. It does not discriminate on the basis of race, color, national origin, ethnic origin, gender, age, disability and sexual orientation in administration of its training and educational policies, admissions policies, scholarship and loan programs, and other Partnership administered programs.

Students with disabilities have the right to request and receive reasonable accommodation so that students may have the opportunity to take full advantage of the Training Partnership’s programs and activities.

#### 2. Overview of Accommodation Process

To request reasonable accommodation, a student with a disability should request accommodation from the Director of Research and Development at the Training Partnership by completing the “ADA Request Form” found at [www.myseiubenefits.org](http://www.myseiubenefits.org) or by calling the Member Resource Center. *See Appendix A.* Once the request is received by the Director of Research and Development, the Accommodation process will start, during which the student will be asked to provide current documentation of his or her disability, the functional limitations resulting from the disability and recommendations for specific accommodations.

As part of the Accommodation process, the Director of Research and Development will confer with the student to identify appropriate and reasonable accommodations that may be warranted under the particular circumstances.

The Training Partnership has the right to establish qualifications and other essential standards and requirements for its courses, programs, activities and services. All students are expected to meet these essential qualifications, standards, and requirements with or without reasonable accommodations.

#### 3. Definitions

***A. When is a person regarded as having a disability?***

For purposes of accommodation, a person is regarded as having a disability if he or she has a sensory, mental, or physical impairment that is medically cognizable or diagnosable or exists as a record or history or is perceived to exist.

***B. What is Reasonable Accommodation?***

Reasonable accommodation means modifying or adjusting practices, procedures, policies, educational services and delivery, or the training environment so that a student with a disability can enjoy equal educational opportunity, so long as (1) there is sufficient medical evidence establishing a relationship between the disability and the need addressed by the specific accommodation; and (2) it does not impose an undue hardship on the Training Partnership.

***C. What is Undue hardship?***

Undue hardship means, among other things, an excessively costly, extensive, substantial or disruptive modification or one that would fundamentally alter the nature or operations of the Training Partnership or its programs.

**4. Accommodation Process**

***A. How is the Accommodation Process started?***

The student with a disability must initiate the process by requesting accommodation from the Director of Research and Development. The initial request does not need to be in writing. Once the request is received and documented on the "ADA Request Form," the Director of Research and Development will mail the student an Accommodation Checklist and a copy of this policy in a manner or format that is accessible to the Student. *See Appendix B.* If the student requires assistance to complete the form, the student must email or call the Director of Research and Development.

The student is responsible for submitting to the Director of Research and Development all of the information requested in the Accommodation Checklist, including a current report or evaluation prepared by a physician or other appropriate licensed professional that describes the student's disability, the functional limitations as a result of the disability and specific recommendations for accommodation. If the information submitted with the Accommodation Checklist is insufficient, the Director of Research and Development will inform student that the information is incomplete and will identify the additional information needed.

Once the Accommodation Checklist is complete, the Director will schedule an Accommodation Conference with the student. The Conference may occur over the telephone or in any other manner or format that is accessible to the student.

***B. Will the information provided during the Accommodation process be confidential?***

Information provided by a student who requests accommodation will be treated as confidential to the extent possible and in accordance with applicable laws and regulations. The information will be kept in a secure manner, and not be accessible by or disclosed to any other employees at the Training Partnership other than the Director of Research and Development unless they are involved in an appeal of the proposed accommodation for the student, or otherwise have a legitimate need to know the information in order to carry out their duties on behalf of the Training Partnership.

***C. What happens at the Accommodation Conference?***

The purpose of the Accommodation Conference is to determine to determine the reasonable accommodation to be provided by the Training Partnership. The Conference may take place in a single meeting or in a series of meetings.

No meeting is necessary if the Director of Research and Development decides that the accommodation requested by the student is reasonable and appropriate. In that case, the Director of Research and Development

can send the Student the “Confirmation of Accommodation” form, as described below in Step D.

The Conference should have the following outcomes:

- Existing documentation should be reviewed.
- The nature of the student’s functional limitations, and how those limitations may impact his or her activities in the Training Partnership’s programs, should be identified.
- The student and Director of Research and Development should reach agreement regarding appropriate accommodation.

A specific accommodation requested by a student and recommended by a medical provider may not be “reasonable” given the Training Partnership’s policies, procedures, and requirements. The Director of Research and Development may propose other accommodations that neither the student nor the medical provider recommended. In general, an accommodation is “reasonable” if it enables the student to have an equal opportunity to participate in the Training Partnership’s programs, without placing an undue hardship on the Training Partnership.

#### ***D. What is the Confirmation of Accommodation?***

When the Student and Director of Research and Development reach agreement regarding a proposed accommodation, the student will be asked to complete the “Confirmation of Accommodation” form. *See Appendix C.* The Confirmation of Accommodation form will be kept on file by the Training Partnership, together with all related documents. The Student will be given a copy of the Confirmation of Accommodation. It is his or her responsibility to notify Director of Research and Development at least 21 days in advance of participating in one of the Training Partnership’s classes so that his or her accommodation may be put in place. The Director of Research and Development may have longer than 21 days to put the accommodation in place, if, in his or her discretion, additional time is necessary. The Director will promptly notify the Student that additional time is needed, so that the Student can arrange for a different class.

*E. What happens if the Student disagrees with the proposed accommodation?*

If the Student disagrees with a proposed accommodation, the Student may request an additional Conference to review the proposed accommodation with the Executive Director of the Training Partnership.

*F. Timeline*

The amount of time required to fully conduct the Accommodation process is highly variable. The Training Partnership recognizes, however, the importance of completing the accommodation process in a timely manner.

**Appendix A – ADA Request Form:**

**I request an accommodation from the SEIU Healthcare NW Training Partnership.**

Student's

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

Address: \_\_\_\_\_

Daytime Telephone

Number: \_\_\_\_\_

I agree to receive communication regarding my Accommodation request by email.

My email address is: \_\_\_\_\_.

**Please send this request to:**

Director of Research and Development  
635 Andover Park West, Suite 200  
Tukwila, WA 98188  
adarequest@myseiubenefits.org

**Appendix B – Accommodation Checklist:**

**Please mail or email with attachments to the Director of Research and Development:**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

I agree to receive communication regarding my Accommodation request by email. My email address is: \_\_\_\_\_.

I request reasonable accommodation from the SEIU Healthcare NW Training Partnership. I understand it is my responsibility to provide the Director of Research and Development with complete documentation regarding my request. I have enclosed the following documentation:

\_\_\_\_\_ 1. A current description of my disability by my treating physician or other licensed medical provider;

\_\_\_\_\_ 2. Description of my functional limitations that affect my ability to participate in the Training Partnership's programs, written by my physician or other licensed medical provider, therapist, or other evaluator; and

\_\_\_\_\_ 3. Specific recommendations for accommodations that address the identified functional limitations.

\_\_\_\_\_ The recommendations are from my treating physician or other licensed medical provider, therapist, or other evaluator; and/or

\_\_\_\_\_ I have enclosed my own recommendations for accommodation.

If requested by the Training Partnership, I will sign an authorization for release of information for my medical provider(s), therapist(s) or other evaluators so that they may be contacted by the Training Partnership to discuss the specific recommendations for accommodation.

I understand that the Director of Research and Development will review this request for completeness and if it is not complete, will let me know what additional information is needed.

Please contact me to set up an Accommodation Conference.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Exhibit C – Confirmation of Accommodation**

On \_\_\_\_\_ (date), the Director of Research and Development of the Training Partnership and \_\_\_\_\_ (name of student), a student of the Training Partnership (“Student”) conferred regarding the Student’s request for reasonable accommodation. Based upon the interactive Accommodation process, both the Training Partnership and the Student agree that the following accommodation is reasonable and should be provided by the Training Partnership when the Student is participating in its classes:

(describe accommodation)

The Student agrees to notify the Director of Research and Development at least 21 days in advance of any training partnership class in which the Student would like to participate so that the agreed upon accommodation can be put in place. The Director of Research and Development will timely notify the Student if additional time is needed to put in place the agreed upon accommodation, so that the Student can arrange to take a later class.

The Student agrees to notify the Director of Research and Development if his or her disability changes such that a different accommodation is necessary. At that time, the Student will re-initiate the Accommodation process by submitting a new “ADA Request Form” or having the Member Resource Center submit a new “ADA Request Form” on his or her behalf.

If the Training Partnership believes that the Student no longer requires the agreed upon accommodation, or a different accommodation may be more appropriate and reasonable, it agrees to notify the Student, and re-initiate the Accommodation process.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Research and Development

\_\_\_\_\_  
Date