



# MISD

THE MONTESSORI INSTITUTE OF SAN DIEGO

Teacher  
Training  
Center



## Disability Accommodation Request

Students are required to self-identify as a person with a disability in order to request a disability accommodation. By submitting this form, you are beginning an interactive process with MISD administration to determine reasonable accommodations. Please submit this request as soon as possible to allow time for the accommodation(s) to be arranged.

**Student Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_

**Program** (circle one): Elementary    Primary    Assistants to Infancy    Other: \_\_\_\_\_

**Format** (circle one): Summer    Academic Year    Other: \_\_\_\_\_

**Program start and end year:** 20\_\_ - 20\_\_

### Description of Medical Condition

---

---

---

---

---

---

### Accommodation(s) Requested

---

---

---

---

---

---

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please attach supporting diagnostic test results and professional prescriptions for auxiliary aids and submit your documents to [training@misdami.org](mailto:training@misdami.org) or mail to the address below, Attn: Student Services