

NOBEL LEARNING COMMUNITIES, INC. ("NLC")

REASONABLE MODIFICATION INFORMATION SHEET

School name and number: _____

Date: _____

Dear _____ [*name of Parent/Guardian*]:

You have requested that our school make a modification to its programs and services to accommodate a disability of your child, _____ [*child's name*]. In order to allow us to determine if this modification is appropriate and feasible, please provide the following information:

- a) A description from a health care or learning professional of how your child's impairment may limit his or her participation in our programs and services. This description may include:
 - (i) The specific limitation of your child;
 - (ii) A description of the duration and severity of the condition;
 - (iii) Any modifications to our programs and services which the health care or learning professional suggests are necessary to permit your child to participate in our programs and services.

- b) If one exists, please provide a copy of any educational evaluation of your child, such as an Individualized Family Service Plan ("IFSP"), Individualized Education Plan ("IEP") or other medical/professional evaluation or assessment.

(Please note that you may redact any sensitive personal information contained therein, including information on family members (such as medical history or genetic information regarding siblings, parents or guardians) so long as that information is unrelated to the core objectives of the IEP or similar plan.)

Thank you for your assistance as we reach a determination on your request.

Signed by Principal, Assistant Principal or NLC's ADA Compliance Officer

Name:

Title: