

**CONFIDENTIAL**  
**EMPLOYEE SELF-IDENTIFICATION OF DIASBILITY**  
**& REQUEST FOR REASONABLE ACCOMODATIONS**

In accordance with the Americans with Disabilities Act of 1990, Rhode Island General Law 28-5.1 and Executive Order # 92-2. The State Equal Opportunity Office invites a qualified individual with a disability to self-identify to be provided reasonable accommodations if necessary to perform the essential function for the desired position. **COMPLETION OF THIS FORM IS VOLUNTARY.**

**NAME:** \_\_\_\_\_

**AGENCY:** Rhode Island College

**JOB TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please check (✓) the category that best describes your disability. (Upon request, verification of disabling condition must be obtained from your physician.)

Disabling conditions include, but are not limited to:

- \_\_\_\_\_ AIDS
- \_\_\_\_\_ Alcoholism
- \_\_\_\_\_ Blindness or Visual Impairment
- \_\_\_\_\_ Cancer
- \_\_\_\_\_ Cerebral Palsy
- \_\_\_\_\_ Deafness or Hearing Impairment
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Drug Addiction
- \_\_\_\_\_ Epilepsy
- \_\_\_\_\_ Heart Disease
- \_\_\_\_\_ Mental Retardation
- \_\_\_\_\_ Mental or Emotional Illness
- \_\_\_\_\_ Multiple Sclerosis
- \_\_\_\_\_ Muscular Dystrophy
- \_\_\_\_\_ Orthopedic
- \_\_\_\_\_ Perceptual Disabilities such as Dyslexia, Minimal Brain  
Dysfunction, Development Aphasia or Speech Impairment
- \_\_\_\_\_ Other, please explain (use back of form or attach additional information)

( ) Yes, I request a Reasonable Accommodation Needs Assessment Review. I understand a copy of this request will be forwarded to the Rhode Island College ADA Coordinator.

( ) No Reasonable Accommodation is needed at this time. I understand I may request a reasonable accommodation at a later date.

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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