# **Request for Non-standard Reasonable Accommodation in teaching, learning, and/or assessment**

## Part A - To be completed by Trinity Disability Service

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| **Student Name:**  |
| **Student Number:**  |  |
| **Schools:** **Course of Study**: **Year of Study**:  |  |
| **Disability Officer**: **Date:**  | Y/N |
| Student has given consent to this Non-standard RA request application taking place:

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| **Current method of teaching, learning and/or assessment that requires a Non-standard reasonable accommodation:** |

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| **Non-Standard Reasonable Accommodations proposed and rationale by the Disability Service.**  |

Y/NLENS reviewed on Student record in SITS:   |
| Other supporting information:  |

|  |  |
| --- | --- |
| Disability evidence on file verifying difficulties |  Y/N |
| Sent to relevant Director of Teaching and Learning in the School (or Programme/Course Co-ordinator in multidisciplinary programmes): | School Prog Dir Y/N |
| Sent to relevant Director of Teaching and Learning in the School (or Programme/Course Co-ordinator in multidisciplinary programmes): | School Prog Dir  |

Y/N

Signature of Disability Officer:

Date:

## Part B - To be completed by relevant Director of Teaching & Learning/ Programme Director

Student Name:

Student Number:

Please consider Part A above, completed by Trinity Disability Service, regarding evidence and rationale for non-standard Reasonable Accommodations: an alternative form of teaching, learning, and/or assessment on disability grounds for this student.

**Please return this form to the Disability Service on completion, within five working days.**

**Can the non-standard Reasonable Accommodation recommended be implemented?**

i.e., state whether there is an academic reason why the recommended reasonable accommodation cannot be implemented in the form suggested e.g. the recommendation would disadvantage the student in terms of learning outcomes, academic standards or professional practices associated with the course of study.

**Yes, the recommended non-standard Reasonable Accommodation can be implemented**

If yes, please complete details of these arrangements below, date and sign this pro-forma and forward to the Disability Officer detailed in Part A

**No, the recommended non-standard Reasonable Accommodation cannot be implemented**

If no, please outline the academic reasons below, including what further action/ alternative can be put in place and return this form to the Disability Officer detailed in Part A.

 All School decisions are subject to approval by the Dean of Undergraduate Studies or Dean of Graduate Studies, as appropriate.

Signature of Director of T&L or

Programme/Course Co-ordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please return complete Part B to the Disability Service within five working days of receipt of this request. Please note that the student’s LENS report will not be uploaded on my.tcd.ie until the process outlined in this form is complete.**

Signature of Director of T&L or

Programme/Course Co-ordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please return complete Part B to the Disability Service within five working days of receipt of this request. Please note that the student’s LENS report will not be uploaded on my.tcd.ie until the process outlined in this form is complete.**

## Part C – To be completed by Senior Lecturer/Dean of Undergraduate Studies or Dean of Graduate Studies

Student Name:

Student Number:

Please review Part A (recommendation of non-standard Reasonable Accommodation) and Part B (consideration of the School/ Discipline/ course or programme director) and determine if the non-standard Reasonable Accommodation(s) recommended can be applied in this case.

Please outline the decision taken below and return to School and Disability Service for recording purposes.

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| **Outcome of request will be outlined in the student’s Learning Education Needs Summary (LENS) report on SITS** |

Signature of Dean: \_\_

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

**Please return complete Part C to the Disability Service within five working days of receipt of this request. Please note that the student’s LENS report will not be uploaded on my.tcd.ie until the process outlined in this form is complete.**