Accommodation Recommendation for Denial
and Justification Analysis/Documentation

Center:		Date:	
Applicant/Student:		ID#:	
Regional Office:		Date Submitted to Regional Office:	

If this request is for an applicant and you have already completed the Applicant File Review Center Recommendation for Denial Form, please attach this form to it and skip to Section B. If this request is for a student, please complete Sections A through C.

Section A

Reasonable Accommodation Committee Participants			
Name:		Position:	
Name:		Position:	
Name:		Position:	
Name:		Position:	
Name:		Position:	

Summarize the applicant's input:

Section B

Please list any accommodations that the center has identified as being unreasonable and then identify any alternative options that are deemed reasonable that the applicant rejected. If none can be identified, please state none and explain in the Summary section of the document.

Accommodation	Applicant Requested?	Alternative Options	Basis for Unreasonableness
	☐Yes ☐No		☐ Unduly costly ☐ Fundamental Alteration
	☐Yes ☐No		☐ Unduly costly ☐ Fundamental Alteration
	☐Yes ☐No		☐ Unduly costly ☐ Fundamental Alteration

Section C

Please show calculated costs for each accommodation being recommended for denial that has been identified as unduly costly and/or document the reason the accommodation requires a fundamental alteration to the program.

Cost Analysis or Fundamental Alteration

Summary/Notes

Center Director's Signature:

Signature: Date:

Regional Office Only	
Accommodation	**Disposition**
	☐ Concur with recommendation ☐ Deny recommendation*
	☐ Concur with recommendation ☐ Deny recommendation*
	☐ Concur with recommendation ☐ Deny recommendation*

*If the region does not support the recommendation for denial of the accommodation(s), then the center must be notified that it is responsible for providing the requested/agreed upon accommodation.