

U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS	CADET APPLICATION REQUEST FOR ACCOMMODATION	<i>FOR OFFICIAL USE ONLY</i>
INSTRUCTIONS		
Complete this form <u>ONLY</u> when an accommodation is requested for a prospective cadet under the Americans with Disabilities Act		
1. UNIT INFORMATION		
1a. Unit Name	1b. Region	1c. Date of Request (DD MMM YY)
1d. Full Name and Rank of Commanding Officer	1e. Commanding Officer's Phone Number	1f. Commanding Officer Email Address
2. CADET INFORMATION		
2a. Last Name	2b. First Name	2c. MI
2d. Age	2e. Parent/Guardian Names(s)	
2f. Parent/Guardian(s) Phone Number		2g. Parent/Guardian(s) Email Address
3. ASSESSMENT (Completed by Parent/Guardian with assistance of the Unit Commanding Officer)		
My Son/Daughter's disability is <i>(optional)</i> :		
4. ACCOMMODATION		
I am requesting the following accommodation for my son/daughter:		
5. DETERMINATION		
If Unit Commanding Officer determines accommodation is considered not reasonable, or cannot be made, Unit Commanding Officer must so state, with firm reasons and further forward to the Regional Director for review/comment and NHQ Representative for final determination. Reason for not approving is:		
6. ACCOMMODATION PLAN		
If Unit Commanding Officer agrees, the plan of accommodation based on individual assessment to allow enrollment and participation, agreed to by all parties, is (be specific as to can do's, and can't do's, limitations, escorting requirements, Recruit Trainings and advanced training, and alternate activities/events, etc. <i>Note: Plan can be modified/adjusted/refined at any time.</i>):		

REQUEST FOR ACCOMMODATION		
7. ENDORSEMENTS		
7a. Full Name of Parent/Guardian (Print or Type)	7b. Signature	7c. Date (DD MMM YY)
7d. Full Name and Rank of Commanding Officer (Print or Type)	7e. Signature	7f. Date (DD MMM YY)
FORWARD TO REGIONAL DIRECTOR FOR RECOMMENDATION		
8. REGIONAL DIRECTOR'S RECOMMENDATION: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Reason for Disapproval or Recommended Modification:		
8a. Full Name and Rank of Regional Director (Print or Type)	8b. Signature	8c. Date (DD MMM YY)
FORWARD TO NHQ REPRESENTATIVE FOR DECISION		
9. NHQ REPRESENTATIVE'S DECISION: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Reason for Disapproval or Recommended Modification (if modification is recommended, request is returned to the Unit Commanding Officer for further negotiation with parent/guardian regarding the plan for accommodation)		
NHQ Representative retains originals; return copy of decision to Unit CO, copy to Regional Director and National Headquarters.		
9a. Full Name and Rank of NHQ Representative (Print or Type)	9b. Signature	9c. Date (DD MMM YY)
Complaints regarding the NHQ Representative's Decision to limit participation of a cadet in NSCC activities and/or the denial of a reasonable accommodation should be forwarded to:		
<p>Executive Director, Naval Sea Cadet Corps 2300 Wilson Blvd. Suite 200 Arlington, VA 22201-5435</p>		
Complaints regarding any final NSCC NHQ Decision to limit the participation of a cadet in NSCC activities and/or the denial of a reasonable accommodation should be forwarded to:		
<p>Assistant Secretary of the Navy (Manpower and Reserves) Department of the Navy 1000 Army Navy Drive Arlington, VA 20350-1000</p>		