CALIFORNIA DENTAL
ASSISTANT PROGRAM

The California Dental Assistant Program
ACCOMMODATION REQUEST FORM

Version 3.1, November 2026. Student Handbook Section 5.2

1. Accommodation Policy

The California Dental Assistant Program is committed to providing equal opportunity to prospective & enrolled students and does not discriminate on the basis of disability or medical condition.

Prospective students who require accommodations to participate in any part of the program should complete this form so the Team can review their needs and determine what accommodations may be reasonably available.

Accommodations are evaluated individually based on the student's circumstances and the program requirements.

Accommodation Review

- Prospective students should disclose the specific accommodations they may need to participate in the program.
- The Admissions Team will review the request and determine whether the requested accommodations can reasonably be provided.
- Accommodations may be considered for online coursework, examinations, hands-on classes, and other program requirements.
- Accommodations at internship sites depend on what the host dental office can provide. The program may coordinate with a prospective host office regarding accommodations with the individual's knowledge.
- Some accommodations require additional planning or coordination. Requests should therefore be submitted as early as possible.

Important: Submitting this form does not guarantee approval of any requested accommodation or confirm that every program requirement can be completed with the requested accommodations. The program will review each request individually and communicate its determination in writing within 10 business Days

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PROSPECTIVE STUDENT NAME: **TODAY'S DATE:** MM / DD / YYYY

2. Prospective Student Information

1. Full Name: Your Full Name

2. Home Address: Your Home Address

3. Email Address: Your Email Address

4. Phone Number: Your Phone Number

5. Are you currently enrolled? Yes/No

6. Which Parts of the Program May Require Accommodation? *(Select All That Apply)*

- [ ] Online Coursework and Learning Materials
- [ ] Online Examinations or Assessments
- [ ] Hands-On Classes and Practical Training
- [ ] Clinical Internship Requirements
- [ ] Communication with Program Staff or Instructors
- [ ] Other (Please Specify): Specific Part Requiring Accommodation (If Applicable)

7. Please Describe the Condition or Circumstance for Which You Are Requesting Accommodations:

Describe the condition or circumstance as it relates to your ability to participate in the program. You do not need t

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8. What Specific Accommodations Would Help You Participate in These Activities:

Describe the adjustments, assistance, equipment, or alternative arrangements you believe you may need. Please b

9. Are There Any Specific Program Activities or Requirements You Anticipate Difficulty Completing Even with Accommodation?

If applicable, identify the activities or requirements concerned and explain the difficulty you anticipate.

10. Is There Anything Else the Admissions Team Should Consider When Reviewing Your Request?

Include any additional information relevant to understanding your needs and the accommodations you are requestin

If you have any questions or would like to submit any additional documents, please feel free to email us at hello@californiadentalassistant.com.

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3. Statement of Understanding

By submitting this request, I acknowledge and agree to the following:

- I confirm that the information provided is true and accurate to the best of my knowledge.
- I understand that accommodation requests are reviewed individually and that submitting this form does not guarantee approval.
- I understand that the California Dental Assistant Program will assess the accommodations that may reasonably be provided for its program requirements.
- I understand that accommodations for online coursework, examinations, hands-on classes, and internship activities may differ depending on the nature of the activity.
- I understand that internship accommodations may depend on the capabilities and available arrangements of the host dental office.
- I understand that I should discuss the outcome of this review with the Admissions Team before making an enrollment decision.

Student Full Name: Full Name _____

Student Signature: Signature _____

Parent/Guardian/Responsible Party Name: Full Name _____ *(Required only if student is under 18)*

Parent/Guardian Signature: Signature _____

Today's Date: MM / DD / YYYY