

A Plus Food Training L.L.C.
15255 S. 94th Avenue, Suite 500
Orland Park, IL 60462
(708) 349-4916



REQUEST FOR ACCOMMODATION FORM

If a student needs special accommodations, they must complete and email this form to A Plus Food Training L.L.C. at least 10 business days prior to the scheduled class date for approval. The form should be emailed to aplusfoodtraining@gmail.com. The student will be notified of the decision via email within 5 business days of receipt of this form.

Student Information

Student Name	Course #	Course Date
Birthdate	Phone	
Email		
Signature	Date	

Accommodation Type

- Oral exam
- Large exam booklet
- Extra exam time
- Foreign language interpreter (interpreter must complete page 2)
- Sign language interpreter (interpreter must complete page 2)
- Other accommodation: specify _____

Current documentation (within 2 years) must be provided to support the accommodation. It must be written and signed by a professional qualified to evaluate the disability. The documentation must include the student name, date of birth, specific diagnosis, date of diagnosis, last date of evaluation, and limitations.

Administrative Approval (to be completed by A Plus Food Training L.L.C.)

- Approved
 - Denied: specify reason _____
- Date: _____

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INTERPRETER GUIDELINES

As an interpreter, you must attest to the following:

- I have no personal relationship to the student.
- I am 18 years of age or older.
- I have no educational or work experience in the food industry.
- I will not provide clues or answers to the student during the exam.
- I am fluent in both English and the native language of the student.
- The content in the course is proprietary and strictly confidential. I will protect the confidentiality of the course content and exam questions.
- I understand the A Plus Food Training L.L.C. may tape-record the interpreting of the examination.

On the day of the class, the interpreter must present their ID to verify their identity.

I will be held liable for any breach of this Agreement. This Agreement should be governed and enforced according to the State of Illinois.

Name

Email

Phone

Interpreter Signature

Date