



## Pregnancy Accommodations Request

Davidson-Davie Community College (DDCC) is committed to creating an accessible and inclusive environment for pregnant and parenting students.

Title IX of the Education Amendments of 1972 prohibits discrimination based on sex in education programs or activities including academic, educational, extracurricular, athletic, and other programs or activities of schools. This prohibition includes discrimination against pregnant and parenting students.

Students may request adjustments based on general pregnancy needs or accommodations based on a pregnancy-related complication.

### ***Part I: To Be Completed By The Student***

<b>Student Name:</b>	<b>Date:</b>
<b>Student ID #:</b>	<b>Student Address:</b>
<b>Term:</b>	<b>Phone Number:</b>
<b>Campus Email:</b>	<b>Alternate Email:</b>

**I have met with the Title IX Coordinator, and understand my Title IX Rights related to Pregnancy and Parenting. Initial here for acknowledgment:\_\_\_\_\_**

**I have not met with the Title IX Coordinator to discuss my Title IX Rights related to Pregnancy and Parenting. Initial here for acknowledgment:\_\_\_\_\_**

**Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Please note any request for change(s) requires supporting documentation or completion of this form again from your medical provider.



**Part II: This Section is to be completed by a Licensed Professional only**

<b>Provider First Name:</b>	<b>Provider Last Name:</b>
<b>Name of Practice:</b>	<b>Practice Full Address:</b>
<b>Phone Number:</b>	<b>Fax Number:</b>

<b>Date of OBGYN Appointment:</b>	<b>Expected Delivery Date:</b>
<b>Restrictions (if any, please list):</b>	
<b>Condition Description (How does the pregnancy impact the student's academics? Will it impact online, in person, or virtual classes?)</b>	
<b>Complications (if applicable):</b>	
<b>Recommendations for accommodations from a medical perspective. You can check the items below or you can use the space below to write in accommodations.</b>	
<input type="checkbox"/> Permission eat/drink during class	<input type="checkbox"/> Separate Table/Chair
<input type="checkbox"/> Frequent Restroom Breaks	<input type="checkbox"/> Temporary Accessible Parking
<input type="checkbox"/> Frequent breaks to stand/walk	<input type="checkbox"/> No lifting over _____ lbs
<input type="checkbox"/> Excused Absences, Tardies, or Leave Early	
<input type="checkbox"/> Other:	



# Davidson-Davie

COMMUNITY COLLEGE

Please indicate approx. dates the student should be on a leave period and unable to participate in classes due to giving birth.

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\*It is the student's responsibility to schedule appointments around classes; however, if they miss class due to an appointment they cannot be penalized.

**Any other comments:**

**Medical Provider Signature:** \_\_\_\_\_

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

**Please return the completed form to**

**Alyssa Embry**

**Coordinator of Student Belonging & Well Being**

**Davidson-Davie Community College**

**Office Location: 2<sup>nd</sup> Floor Love Building, Rm. 212**

**Mailing Address: P.O. Box 1287 Lexington, NC 27293**

**Phone: (336) 249-8186 ext. 6343**

**e-Fax: (336) 224-4610**