Essential Functions Sign Off Form

Dental Hygiene Program

INDIANHILLS COMMUNITY COLLEGE

Life. Changing.

I, _____ have read, understand and accept the essential functions expected of a Dental Hygiene Student:

☐ I do not need accommodations to perform the essential functions.

☐ I feel the following accommodations are needed for me to perform the essential functions:

_____

_____

_____

_____

_____

Name: _____

Signature: _____ Date: _____