



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

Student Name:	Date:
Student ID #:	Student Address:
Term:	Phone Number:
Campus Email:	Alternate Email:

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

Provider First Name:	Provider Last Name:
Name of Practice:	Practice Full Address:
Phone Number:	Fax Number:

Date Student Was Notified of Pregnancy:	Expected Delivery Date:
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Restrictions (please list):

Condition Description (How does the pregnancy impact the student's academics?)

Complications (if applicable):

Recommendations for accommodations from a medical perspective. You can check the items below or you can use the space below to write in accommodations.

Permission eat/drink during class Separate Table/Chair
 Frequent Restroom Breaks Temporary Accessible Parking
 Frequent breaks to stand/walk No lifting over _____ lbs

Excused Absences, Tardies, or Leave Early - Must fill in the dates below and the student should use the Pregnancy Excused Absence Form in addition to this
Beginning Date: _____ Ending Date: _____

Medical Provider Signature: _____

Date: _____

Please return the completed form to

Demetria Nickens, MS
Disability Access Services Coordinator
Davidson-Davie Community College
Office Location: 2nd Floor Love Building, 209 Mailing
Address: P.O. Box 1287 Lexington, NC 27293
Phone: (336) 249-8186 ext. 6342
Fax: (336) 249-8005