
SUPERINTENDENT'S REVIEW (Superintendent's designee may conduct this review)

Date Received _____ Date of meeting with inmate (if necessary) _____

Your request for reasonable accommodation has been

- approved as requested
- modified
- denied

Explanation: _____

Was sign language interpreter used at meeting Yes No? to interpret decision Yes No?

If not, explain why not _____

 Signature of Superintendent or designee Date

This section is to be completed by the inmate.

I have been advised of my right to grieve this decision via the inmate grievance program.

 Signature of inmate Date

Distribution: Original-Guidance File;
 Copies to Inmate, Medical, OMH, Parole, and ADA Coordinator (Central Office)