

Recommendations**Box 4**

Please select one of the following options regarding recommendations for accomodation that would be helpful to the student in completing the basic training program at the Kansas Law Enforcement Training Center:

- I prefer not to offer a recommendation.
- It is my professional opinion that no accomodation is necessary.
- I recommend that the following accomodation(s) be considered:

Accomodation: _____

Rationale: _____

Accomodation: _____

Rationale: _____

Accomodation: _____

Rationale: _____

Please check if appropriate:

- I have attached a separate document with additional recommendations.

Certification**Box 5**

By signing below, I certify that the facts I have provided in this form are accurate to the best of my knowledge, and the opinions contained herein are based upon my experience, training and professional judgement. I further certify that I am qualified to render such opinions on the basis of specific training I have received in the diagnosis of disabilities.

 Signature

 Date

Mail to: Assistant Director
 Kansas Law Enforcement Training Center
 P.O. Box 647
 Hutchinson, KS 67504-0647
PLEASE LABEL ENVELOPE AS CONFIDENTIAL