

# Americans with Disabilities Act (ADA) Annual Report Form

(Due by June 30 each year)

Program Name:

Person completing form:

Fiscal Year:

For each category below, enter the totals for all Adult Education students served this past fiscal year.

Number of students disclosing any type of disability

Number of students referred for learning disabilities diagnosis

Number of students with diagnosed learning disabilities served

Number of students approved for HSE testing accommodations

Number of students approved for GED® testing accommodations from GEDTS

Number of students approved for HiSET® testing accommodations

Number of students approved for TASC™ testing accommodations

Number of students who received instructional accommodations

Provide the following contact information for your program's ADA Coordinator:\*

Name:

Address:

Email:

Phone Number:

\_\_\_\_\_  
Signature of Person Completing this Form

\_\_\_\_\_  
Date

*Submit completed form to:*

Associate Director for Program Compliance

Illinois Community College Board

401 E. Capitol Ave.

Springfield, IL 62701

\*If the ADA coordinator at your program changes during the year, updated name and contact information must immediately be provided to the ICCB Associate Director for Program Compliance.