

# 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: \_\_\_\_\_