STUDENT ELIGIBILITY and ACCOMMODATION REQUEST FORM

Completed by School Official* and Chapter Advisor

Please read this document in its entirety for instructions. This form must be completed to confirm a student’s eligibility to compete in one of the events listed below and to allow the student to request an accommodation for the competition within reason.

Student’s Competitive Event (circle one):  
Personal Care  
Life Support Skills  
Interviewing Skills  
Speaking Skills

Student’s Name: __________________________________________________________________________

Chapter/School: __________________________________________________________________________

Student’s Division (circle one):  
Middle School  
Secondary

Advisor’s Name: __________________________________________________________________________

Advisor’s Cell Phone #: _____________________________________________________________________

Advisor’s E-mail Address: ___________________________________________________________________

SECTION 1: Student Eligibility

☐ A School Official* and Chapter Advisor MUST sign below to verify that the named student on this form is classified under the provision of the 2004 reauthorized Individuals with Disabilities Education Act (IDEA). Students classified under Section 504 are NOT eligible to compete in the events listed above.

☐ DO NOT send the actual IEP or other documentation. For purposes of this competition, only this completed form is needed as verification of eligibility for this event.

School Official* Signature: __________________________________________________________________

*Exceptional children (special education) teacher, guidance counselor, or principal (circle one)

Chapter Advisor Signature: __________________________________________________________________

SECTION 2: Accommodation Requested

☐ A School Official* or the Chapter Advisor completes this section

☐ Based on the student’s IEP, what, if any, accommodation is being requested for the student to compete in the event? If none, please write “none.” Additional/Extra time is NOT considered a reasonable accommodation for this event.

_____________________________________________________________________________________

_____________________________________________________________________________________

SUBMISSION PROCESS for the State Leadership Conference:

Once this form is completed, it must be submitted with the school’s SLC Packet that is mailed to the Florida HOSA State Office with a postmark of March 3rd or before. The competitor must also bring a hard copy of this form to present to the Event Manager during their competition time.