

STUDENT 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, in writing, that the Chapter Advisor and **School Official*** have communicated to develop a reasonable plan on how to best meet an accommodation request for a competitive event by a HOSA member with special needs.

Student's Competitive Event: _____

Student's Name: _____

Chapter/School: _____

Student's Division (check **one**): ☐ Middle School ☐ Secondary

Advisor's Name: _____ Advisor's Cell Phone #: _____

Advisor's E-mail Address: _____

SECTION 1: Student Eligibility

- **A School Official*** and the Chapter Advisor **MUST** sign below to verify that they have communicated in regard to the named student with special needs on this form in developing the requested accommodation detailed below.
- DO NOT send an actual IEP or other documentation. For purposes of this competition, only this completed form is needed to confirm a requested accommodation in a competition within reason.

School Official* Signature: _____

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

Chapter Advisor Signature: _____

SECTION 2: Requested Accommodation

- **A School Official*** or the Chapter Advisor completes this section.
- Based on the developed plan by the Chapter Advisor and School Official, what accommodation is being requested for the student with special needs to compete in the event?

SUBMISSION PROCESS for the State Leadership Conference:

Once this form is completed, it must be submitted with the school's SLC paperwork that is mailed to the Florida HOSA State Office with a postmark of March 16th or before. The competitor must also bring a hard copy of this form to present to the Event Manager during their competition time.