

REQUEST FOR ACCOMMODATION FORM

It is the policy of the IHSA to provide accommodations for students with disabilities pursuant to the IHSA Policy for Accommodations. Disabilities include mental, physical or visual impairment which substantially limits a major life activity. A student, his/her parent/guardian, or member school may request an accommodation by submitting this form to the IHSA.

PART 1: TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN

Name _____ Year in School: _____
Date of Birth _____ Gender: _____
Sport/Activity _____ School: _____
Parent/Guardian Name Address _____
Phone number _____
Email address _____

Accommodation Requested (be specific): _____

Reason: _____

Records Provided to Member School that Support the Request (e.g., medical records/reports, IEP or Section 504 plan, etc): _____

Student signature: _____ Date _____
Parent/Guardian signature _____ Date _____

PART 2: TO BE COMPLETED BY THE SCHOOL PRINCIPAL OR OFFICIAL REPRESENTATIVE

I have reviewed this request for accommodation and verify that this student has a statement of disability on file with the school.

Printed Name _____ Title _____
Signature _____ Phone _____

After Parts 1 and 2 are completed, this Request Form should be submitted to: Marty Hickman, Executive Director, mhickman@ihsa.org, IHSA's Fax: (309) 663-7479, IHSA's address: 2715 McGraw Drive, Bloomington, IL 61704.

PART 3: TO BE COMPLETED BY IHSA EXECUTIVE

IHSA must respond to each request for accommodation within 10 business days.

The requested accommodation applies to the following IHSA activity: _____

The requested accommodation is:

Granted _____ Granted in part _____ Denied _____

Explanation:

Signature _____ Date _____

Executive Director

The Executive Director must provide a copy of this completed form to the member school within 10 business days of its submission.

IF THE REQUEST IS DENIED, THE STUDENT, HIS/HER PARENT/GUARDIAN AND THE MEMBER SCHOOL HAVE THE RIGHT TO APPEAL IN ACCORDANCE WITH SECTION 1.460 OF THE IHSA CONSTITUTION.