



# SPECIAL ACCOMMODATIONS REQUEST FORM

## DUE BY THE CONFERENCE REGISTRATION DEADLINE

Use this form to request special needs for competitive events. Please type. Duplicate as needed. Make a copy for your records.

\_\_\_\_\_  
Advisor's Name

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Competitive Event

\_\_\_\_\_  
Advisor's Email Address

\_\_\_\_\_  
Conference

\_\_\_\_\_  
School Phone & Extension

\_\_\_\_\_  
School Fax Number

Is this Request Form is for:     Online Testing Only     Conference Only     Both

If yes to any of the above, please check the appropriate selection:

- Mobility Impaired       Uses a wheelchair       Visually Impaired       Hearing Impaired
- Other (please explain below)

Does the student have any disability which might require extra testing time?

- No                               Yes - specify how much extra time from 10-70 minutes: \_\_\_\_\_

Does the student have any disabilities which might require special materials?       Yes       No

Please list accommodations required by the student's IEP. School districts will need to provide any support staff needed to assist with online testing, or for conferences. **Michigan DECA does not need to the know the reason for the special accommodations, merely what accommodations are listed on the IEP.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Michigan DECA is not able to assist with special accommodations if this form is not submitted by the conference registration deadline.**

\_\_\_\_\_  
Signature of Counselor, Special Needs Coordinator, or Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone & Extension

Scan and Email to [aday7@emich.edu](mailto:aday7@emich.edu)