

**Deadline: This form is due when the conference registration form is submitted.**

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

\_\_\_\_\_  
Adviser's Name

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

\_\_\_\_\_  
School

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

\_\_\_\_\_  
Adviser's Email Address

\_\_\_\_\_  
Conference

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

Does the student require a wheelchair?     Yes     No

Does the student have any disability which might require special accommodations?     Yes     No

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

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

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. *Michigan FCCLA does not need to know the reason for the special accommodations, merely what accommodations are listed on the IEP.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Email

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