



IOWA
FFA ASSOCIATION

**Event
Accommodation
Form**

EVENT FORM IS DUE TWO WEEKS PRIOR TO SCHEDULED EVENT

Please complete the form below for each participant who may require special services.

Please send form to host advisor for non-state events and state staff for state events.

CHAPTER INFORMATION

PO: _____

Advisor: _____

Name: _____

#:IA _____

MEMBER INFORMATION

Name: _____

Event(s) Entered: _____

ACCOMMODATION INFORMATION

List disability or condition that might require special services and what accommodation is required.

Mobility Impaired

Uses Wheel Chair

Hearing Impaired

Need Sign Language Interpreter

Visually Impaired (please select one below and indicate what is required on site)

Regular Print

Notes: _____

Large Print

Notes: _____

Braille

Notes: _____

Reader Required

Notes: _____

IEP, 504 Time Accommodation on Written Test: Unlimited Extra Time (Amt: _____)

Indicate other accommodation(s) needed: _____

VERIFICATION

I attest that all information provided on this form is true and accurate.

Advisor Signature: _____

Print Name: _____

Approved: September 21, 2019