



**REQUEST FOR  
ACCOMMODATION FORM**

**It is the policy of the IESA to provide accommodations for students with disabilities. 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 IESA.**

**PART 1 - TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN**

School \_\_\_\_\_ Sport/Activity \_\_\_\_\_  
Student Name \_\_\_\_\_ Year in School \_\_\_\_\_ Gender \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Parent/Guardian Name and 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 ATHLETIC DIRECTOR**

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 the IESA's fax (309- 829-0625), IESA's address (1015 Maple Hill Rd., Bloomington, IL 61705) or to the administrator responsible for the activity in which the request is being submitted.

**PART 3 - TO BE COMPLETED BY IESA EXECUTIVE DIRECTOR**

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

The requested accommodation applies to the following IESA activity \_\_\_\_\_

Requests that have been approved are only good for the current school year. The accommodation may or may not be granted in future years. Approval by the IESA does not mean that the accommodation will be approved by the IHSA.

The requested accommodation is:

Granted \_\_\_\_\_ Granted in part \_\_\_\_\_ Denied \_\_\_\_\_

Explanation:

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

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_

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