

# Request for accommodations to be provided during participation in high school athletics

IMPORTANT: Please hand deliver this form to the Activities Director, no less than two weeks prior to tryouts to allow time for the COMPASS Committee to meet.

Do NOT upload to the FamilyID site.

Student Information Worksheet (Parent Completes)

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Does the student have an IEP or 504 plan? \_\_\_\_\_ Which one? \_\_\_\_\_

Does the student have a special education case manager? \_\_\_\_\_

If yes to the above, please provide the person's name: \_\_\_\_\_

Please answer completely the following questions:

1. Should the coaches be aware of any specific physical/medical concerns or modifications? (self-sufficiency, motor skills, comprehension skills). If so, what?

2. Should the coaches be aware of any behavioral complications/modifications? If so, what? (interaction with others, self-control)

3. Is there any special equipment your daughter/son would need to participate in this sport? If so, please explain.

4. What specific accommodations are being requested in order for your son/daughter to tryout/participate in the sport?

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Please note: Participation in tryouts does not guarantee a place on the team. Your request for accommodations will be reviewed by the COMPASS Committee on a case by case basis. The committee will make one of the following recommendations:

1. Participation without accommodations
2. Participation with specific accommodations
3. Consideration be given to participation in the Physical Activity and Lifetime Sports (PALS) Program because participation in the mainstream athletics program is not possible.