

SPECIAL NEEDS REQUEST FORM

The Illinois Music Educators Association (IMEA) is committed to providing access to Association sponsored events and activities to all students regardless of race, religion, ethnicity, gender, disability or economic standing. IMEA will make every good and appropriate effort to provide adaptation(s)/accommodation(s) for students with special needs.

IMEA Division: _____ IMEA District: 1 2 3 4 5 6 7 8 9

Student Name: _____

Documented Disability: _____
(Attach Medical validation, IEP, or note from special educational professional)

Describe the needed adaptation(s)/accommodation(s): How the student functions in their school ensemble and special considerations for audition (i.e., Braille music for sight-reading, enlarged music for sight-reading, more time to process sight-reading):

Teacher Name: _____

School: _____

Address: _____

City: _____ St.: _____ Zip: _____

Telephone: _____

E-Mail: _____

Description of the Recommended Adaptation(s)/Accommodation(s) or Rationale for Denial:

Special Learners Special Area Chair Signature: _____

Consulted on (Date): _____

District President Signature: _____ Date: _____

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- CC: State Office (Original) State Division Vice President
 District Division Representative District President
 Special Learners Special Area Chair Local School Authority