TPSA Request for
Accommodation
Section 504 of the Rehabilitation Act and/or Title II of the Americans with Disabilities Act
(ADA)

This information will be kept strictly confidential and will be used only in the accommodation decision making process

Instructions for Submission: *Absolutely no accommodations requested in this application will be provided unless and until it is approved by the TPSA Board of Directors and Executive Council.* When completed and signed by all applicable parties, this application form should be submitted to TPSA at least 14 days prior to the event date. **Submit via email to secretary@tpsa.info**

SECTION I: STUDENT RECORD INFORMATION

Type or Print Student's Name: _____

Date of Birth: _____ ◯ Male ◉ Female Current Grade Level in School: _____

Parent or Guardian's Name: _____ Parent or Guardian's Email: _____

Name of School: _____

Advisor's Name: _____ Advisor's Email: _____

Principal's Name: _____ Principal's Email: _____

SECTION II: COMPETITIVE EVENT INFORMATION

Career Cluster (Circle): Law Enforcement Fire Services Forensic Science

Corrections Legal Studies

Name of Specific Event(s)(Report Writing, Law Enforcement Agility):

SECTION III: SPECIFIC ACCOMMODATION DETAILS AND REQUESTS

Please describe the limiting nature of the disability (Example: Cannot read small fonts)

Provide a detailed explanation of the accommodation that is needed (Example: Please have event provider print multiple choice test in at least 20pt font)

Signature of Advisor: _____ Date: _____

SECTION IV: ADMINISTRATOR REVIEW & APPROVAL STATEMENT

This request for accommodation is to be reviewed by an appropriate school administrator who is to review all relevant information and, unless the administrator has a legitimate basis for concern, sign the TPSA Request for Accommodation form. By signing this form below, the administrator verifies that a properly constituted 504 Committee and/or A.R.D. Committee has made the required determination in reference to the physical or mental impairment that leads to the request for this accommodation.

The administrator must review the following documents:

- Current accommodation plan and/or I.E.P.
- 504 Committee and/or A.R.D. Committee notes/reports on initial eligibility and placement
- Current 504 accommodation plan or report of Committee meeting where student was dismissed from 504
- Documentation substantiating the physical or mental impairment
- Documentation supporting the finding of substantial limitation
- Documentation of medically necessary devices

Please Note: No records are to be submitted to TPSA. The only required submission is this signed request.

By signing below, I certify that I have reviewed documentation, which verifies that this student is a student with disabilities as defined by Section 504 of the Rehabilitation Act and/or Title II of the American with Disabilities Act, and is currently being served at the local school under either of those Acts. We acknowledge that it is the student/school's responsibility to provide any approved equipment to aid in the accommodation process.

Signature of Administrator: _____ Date: _____

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