

TSA Special Needs Accommodation Form

(Confidential Information)

Student's name _____

School _____

The above named student has a current Individualized Education Plan or Service Agreement on file in the school and requires specific accommodations as indicated on the previous page in order to compete fairly in national TSA competition. All accommodations are subject to approval by the Executive Director and must be based on those mandated by the student's current IEP or Service Agreement.

Advisor Name _____ Date _____

Administrator Name _____

Administrator signature

Phone number _____

Administrator Position _____

I authorize the release of this information to national TSA for my child for use in making reasonable accommodations during the National TSA conference.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature

Phone number