Request for Special Needs Accommodation for Idaho FFA State CDEs

Please complete the following information, print the completed form and secure necessary signatures. Please email or mail the signed form to Sarah Swenson for participation in the Idaho FFA State Career Development Events in Moscow, Idaho.

Sarah Swenson, Office Administrator
Department of Agricultural Education, Leadership & Communications
University of Idaho
875 Perimeter Drive, MS 2040 – Moscow, ID 83844
Email: sswenson@uidaho.edu Office: (208) 885-6358

This information will be kept strictly confidential and will be used only to process services for participants needing special needs assistance.

Member Information

Member Name: ____________________________________________________________

Parent/Guardian Name, if member is under 21 years of age: ____________________________________________

Member/Parent or Guardian phone number: _________________________________________________________

Home Address: __________________________________________________________________________________

Advisor’s Name: ___________________________ Advisor’s Phone Number: ____________________________

Advisor’s Email Address: _________________________________________________________________

Chapter Name: _________________________________________________________________________________

Chapter Address: _______________________________________________________________________________

Name of Specific Event: ________________________________________________________________

Description of Disability and Accommodations Requested

Specific Disability:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Please describe the limiting nature of the disability and the accommodations requested:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

__________________________________________  ________________________________________________
Student Signature/Date  Advisor Signature/Date

__________________________________________  ________________________________________________
Parent Signature/Date  Authorized Faculty-Staff/Date