



Ohio Family Career and Community Leaders of America

Request for Special Needs Accommodation for Career Development Events or Program

Deadline: Must be received to State Office 30 days prior to the event date

The following information is required if there is a qualified member that plans to participate in an Ohio FCCLA Career Development program or wishes to request an accommodation for a disability.

Please complete the following information, secure required signatures, and send a printed copy to **Ohio FCCLA, Attention Mary Jo Kohl, State Adviser, 25 South Front Street, Mailstop #611, Columbus, Ohio 43215, (Office) 614-644-6333 (Fax) 614-644-6720, Maryjo.kohl@education.ohio.gov.**

This information will be kept confidential and will only be used to process services for participants needing special needs assistance. ***Ohio FCCLA will be requesting additional documentation of the participants disability needs upon receipt of this request.***

Member Information:

Member Name: _____

Parent/Guardian Name (if member is under 21 years of age): _____

Member/Parent/Guardian Phone Number: _____

Home Address: _____

Adviser's Name: _____ Adviser's Phone Number: _____

Adviser's Email: _____

Chapter Name: _____

Chapter Address: _____

Select All Area(s) that apply:

___ Career Development Event

___ State Degree

___ Regional Executive Council Candidate

___ State Executive Council Candidate

Name of Specific Event/Program: _____

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Description of Disability and Accommodations Requested

Specific Disability:

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

Please list accommodations provided at state level selection activity:

Student Signature and Date

Adviser Signature and Date

Parent/Guardian Signature and Date

Authorized State Staff Signature and Date

***** This is only a request for special needs assistance. A completed application including formal documentation requested will be sent to you after the completed Request Form is received by the State Office.***

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