

**Request for Accommodation for Ohio FFA  
Competitive Events and Programs**

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

*The following information is required if there is a qualified member that plans to participate in a Ohio FFA competitive event or program and wishes to request an accommodation for a disability.*

Please complete the following information, print the completed form and secure necessary signatures. Please mail, scan and email or fax the signed form to Ohio FFA Advisor, 30 days prior to the event date for participation in the competitive event or program. **Electronic signatures cannot be accepted.**

**Ohio FFA Advisor**

**Office of Career-Technical Education, Ohio Department of Education 25 South Front Street, MS#603  
Columbus, Ohio 43215**

[Alyssa.Bregel@education.ohio.gov](mailto:Alyssa.Bregel@education.ohio.gov)

**(Office) 614-387-7575, (Fax) 614-644-6720**

This information will be kept strictly confidential and will be used only to process services for participants needing accommodation. **Ohio FFA will be requesting further documentation on the participant's disability upon receipt of this application.**

**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: \_\_\_\_\_

**Select All Area(s) that apply:**

Agriscience Fair

Star Awards (State Degree)

CDE

National Chapter Award

Proficiency Award (Finalist Only)

State Officer Candidate

Name of Specific Event or Award Area: \_\_\_\_\_

**Description of Disability and Accommodations Requested**

Specific Disability:

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

Please list the requested accommodation to be provided at state level selection activity:

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Advisor Signature/Date

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Authorized State Staff/Date

**This is only an application for accommodation. A complete application including formal documentation request will be sent to you after we receive this accommodation request form.**