



**Procedure for Accommodating
Students With Disabilities
At NYSSMA Solo and Ensemble Festivals**

1. The Executive Director will include this Students With Disabilities Form with the other solo and ensemble registration materials.
2. The school music teacher will send the copies of the completed Students With Disabilities Form to the Festival Chairperson and the Zone Representative six weeks prior to the Festival. If the student is auditioning for All-State, a copy must also be sent to the NYSSMA Second Vice President.
3. The Festival Host and Zone Representative will take all possible steps to implement the considerations necessary to accommodate the special needs of the student and will communicate them to the student's music teacher and adjudicator prior to the festival. Any questions regarding this form should be directed to the NYSSMA Second Vice President.

**Application
NYSSMA Solo and Ensemble Festival
Request Form for Students with Disabilities**

Music Teachers – Send this completed form to the Festival Host and the Zone Representative. All information will remain strictly confidential. If the student is auditioning for All-State, a copy must also be sent to the NYSSMA

Second Vice President. Student Name _____ Festival Site and Date _____
 Student Age _____ School Grade _____ Instrument or Voice _____ Solo Level _____
 Music Teacher Name _____ Is student auditioning for All-State? ___ Yes ___ No
 Home Phone _____ School Phone _____ x _____
 NYSSMA Member School Name _____
 NYSSMA Member School Address _____ Zip _____
 Parent/Guardian Name _____ Phone Number _____

Documentation of Testing Modifications and Accommodations

Our signatures attest that the above-named student has a disability which necessitates testing modifications and accommodations. The modifications/accommodations:

- are documented in the school records (e.g. IEP);
- have been consistently applied in the instructional program; and
- form the basis for this request for special considerations.

Music Teacher's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Principal's Signature _____ Date _____

Testing Modifications/Accommodations requested
(Be sure to indicate % of enlargement for visually impaired students):

Approved by NYSSMA Executive Council 2/27/00

updated 10/2008