

**UNITED STATES ACADEMIC DECATHLON®**

**Nationals - 2023**

**Modifications and Accommodations Form**

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_

SCHOOL PHONE: \_\_\_\_\_

SCHOOL FAX: \_\_\_\_\_

COACH(ES): \_\_\_\_\_

NATURE OF STUDENT'S DISABILITY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students with allergies (e.g., food, skin, etc.) will give his/her normal care to these allergies.

Please attach a copy of IEP and history of how student has been accommodated at previous competitions.

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Date

**Complete this form by **March 16, 2023** and submit to designated team Google folder.**