

UNITED STATES ACADEMIC PENATHLON®

2025-26

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 and submit to designated team Google folder.