

Dear Parent,

In accordance to the Fitness and Athletic Equity for Students with Disabilities Act, all students shall be afforded equal opportunity to try out and participate in interscholastic athletics. Students with disabilities shall be provided with accommodations or modifications according to his/her IEP or 504 plan, if so requested, for the purpose of tryouts as long as the accommodations/modifications do not

- a.) compromise safety for his/herself or other participants or
- b.) change the nature of the sport.

In order to for us to comply with this Act in a timely manner, we would appreciate your understanding in providing the following information.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

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Home Phone \_\_\_\_\_

My son/daughter: (please initial)

\_\_\_\_\_ **does not** plan on trying out for interscholastic athletics.

\_\_\_\_\_ may try out for interscholastic athletics but **does not** request IEP/504 accommodations/modifications be provided for tryouts.

\_\_\_\_\_ is interested in trying out for interscholastic \_\_\_\_\_ (sport/s) and would like to have his/her accommodations/modifications provided for tryouts.

\_\_\_\_\_ is interested in the corollary athletic program only. (See attached)

\_\_\_\_\_  
Signature of parent/guardian

If your child **is** interested in interscholastic or corollary sports please fill out the information on page two.

## PARENT QUESTIONNAIRE FOR ATHLETICS

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

### **Please answer completely the following questions**

1. How would you best describe your daughter's/son's disability?
2. Should the coach be aware of any specific physical/medical concerns or modifications? If so, please explain.
3. Should the coach be aware of any behavioral complications/modifications? If so, please explain.
4. What are your son's/daughter's strengths, limitations, and needs?
5. Is there any special equipment needs/services that your son/daughter has for participation in this sport/activity?
6. What concerns do you have about your son's/daughter's participation in either interscholastic athletics or the corollary sports program?
7. What level of knowledge/experience does your son/daughter have with this sport.
8. Does your child exhibit any disruptive behaviors at home or school that may also be exhibited on the playing field?

(over)

## RATING CHECKLIST

**Please rate your son's/daughter's abilities in the following categories:**

	Lowest			Highest	
Follow directions consistently	1	2	3	4	5
Understands directions	1	2	3	4	5
Controls temper consistently	1	2	3	4	5
Dresses independently	1	2	3	4	5
Demonstrates motor control	1	2	3	4	5
Works well with others	1	2	3	4	5
Works well with opposite gender	1	2	3	4	5

**ADDITIONAL COMENTS:**