

**IOWA STATE UNIVERSITY EXTENSION AND OUTREACH  
SPECIAL ACCOMMODATION REQUEST FORM**

Iowa State University Extension and Outreach strives to make its programs and events accessible to all Iowans who are otherwise eligible to participate in the activities. This applies to local and state events/programs. Reasonable accommodations are often possible for persons with disabilities who wish to participate, so long as the accommodations do not fundamentally alter the nature of the program, cause undue hardship or otherwise cause a direct threat to the health or safety of others. Please know that while not all specific requests may be approved, Extension and Outreach will work with the participant to identify other accessible means to participate.

An individual requesting accommodation to participate in an Iowa State University Extension and Outreach program should submit this **Special Accommodation Request Form** to (insert Extension office staff), at the \_\_\_\_\_ County Extension Office, (insert address of office). The Extension user/guardian should also request medical documentation from the diagnosing physician or health care provider using the **Documentation of Disability Form** and return it to the local Extension office.

Because it can take time to plan for some accommodations, Extension and Outreach requests that the form be submitted no later than 30 days prior to the event or activity. Submitting a request for special accommodation on shorter notice may reduce or limit Extension and Outreach's ability to implement the accommodations.

Upon receipt of the Special Accommodation Request Form and the Documentation of Disability Form, an eligibility team will determine accommodations and the Extension user/guardian will be invited to participate. The team may consist of people knowledgeable about the day-to-day experiences of the Extension user. If it is a child needing accommodations, they too will be invited to the team meeting if age appropriate.

Persons requesting accommodations will be notified of the accommodation plan within five (5) business days after the eligibility team meeting by the appropriate Extension staff member.

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**Name of individual participant needing accommodation:**

**Person requesting accommodation:**

**Event/Activity:**

**Date of the event:**

**Time:**

**Location of the event:**

**Type of accommodations or services requested to assist with participation (additional information may be attached if necessary):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information: Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
Date Response Provided: \_\_\_\_\_