

**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 Stacie Iles, Susan Schmitz or Leah Feltz at the Hamilton County Extension Office, 311 Bank Street, Webster City. 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.

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: _____