Procedure for Accommodating Students with Disabilities
At NYSSMA Solo and Ensemble Festivals

1. The Executive Director will include this Students with Disabilities Form with the other solo and ensemble registration materials.

2. The school music teacher will send the copies of the completed Students with Disabilities Form to the Zone Representative six weeks prior to the Festival. If the student is auditioning for All-State, a copy must also be sent to the NYSSMA Second Vice President.

3. NYSSMA will take all possible steps to implement the considerations necessary to accommodate the special needs of the student and will communicate them to the student’s music teacher and adjudicator prior to the festival. Any questions regarding this form should be directed to the NYSSMA Second Vice President.

Request Form for Students with Disabilities
NYSSMA Solo and Ensemble Festival

Music Teachers – Send this completed form to the Zone Representative. All information will remain strictly confidential. If the student is auditioning for All-State, a copy must also be sent to the NYSSMA 2nd VP.

Student Name __________________ Festival Site and Date _______________ Student Age __________

School Grade ______ Instrument or Voice __________________ Solo Level _____

Music Teacher Name __________________ Is student auditioning for All-State? ___Yes ___No

Home Phone __________________ School Phone __________________ Email: __________________

NYSSMA Member School Name ____________________________

NYSSMA Member School Address __________________________ Zip __________

Parent/Guardian Name ___________________ Phone Number __________________

Documentation of Testing Modifications and Accommodations

Our signatures attest that the above-named student has a disability which necessitates testing modifications and accommodations. The modifications/accommodations:
- are documented in the school records (e.g. IEP);
- have been consistently applied in the instructional program; and
- form the basis for this request for special consideration.

Music Teacher’s Signature ___________________ Date __________________

Parent/Guardian’s Signature ___________________ Date __________________

Principal’s Signature ___________________ Date __________________

Testing Modifications/Accommodations requested:
(briefly summarize the accommodations requested based on the students IEP or 504)

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Approved by NYSSMA Executive Council 2/27/00 updated 3/2018