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 Festival Chairperson and 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. The Festival Host and Zone Representative 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.

Application
NYSSMA Solo and Ensemble Festival
Request Form for Students with Disabilities

Music Teachers – Send this completed form to the Festival Host and 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.

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 considerations.

Music Teacher’s Signature _________________________________ Date ___________________
Parent/Guardian’s Signature ______________________________ Date ___________________
Principal’s Signature _________________________________ Date ___________________

Testing Modifications/Accommodations requested
(Be sure to indicate % of enlargement for visually impaired students):

__________________________________________________________

Approved by NYSSMA Executive Council 2/27/00 updated 10/2008