##  Florida FBLA-PBL

##  REQUEST FOR SPECIAL SERVICES

## Examinee’s Information

Last Name: First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event: \_\_ FBLA District Competitive Event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Information**

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District

Address:

City: State: Zip Code:

#### School Contact Information

Name of School Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Title:

Daytime Phone Number: Fax:

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Special Accommodations**

Please provide (check all that apply)

\_\_\_\_\_\_ Special seating or other physical accommodations

\_\_\_\_\_\_ Large text/Magnified screen (if available) for examination

\_\_\_\_\_\_ Reader

\_\_\_\_\_\_ Extended testing time (normally 1.5 additional hours)

\_\_\_\_\_\_ Separate testing area

\_\_\_\_\_\_ Other special accommodations (please specify below)

***“I certify that the above requested accommodations are according to an active TIEP or 504 plan.”***

**Signed:**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **School Administrator**