



Procedures for Accommodations At NYSSMA Solo/Ensemble & Major Organization Festivals

1. The Executive Director will include this Accommodations Form with the other solo/ensemble and major organization registration materials.
2. **The school music teacher will send copies of the completed Accommodations Form to the Zone Representative six (6) weeks prior to the festival date. 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 accommodate the need(s) of the student or major organization ensemble and will communicate them to the student's school music teacher/ensemble director and adjudicator before the festival. Any questions regarding this form should be directed to the NYSSMA Zone Representative.

Accommodations Form NYSSMA Solo/Ensemble & Major Organization Festivals

School Music Teachers – Send this completed form to the Zone Representative at least six (6) weeks prior to the festival date.

All information will remain strictly confidential.

If the student is auditioning for All-State, a copy must also be sent to the NYSSMA Second Vice President.

Student or Festival Site
Major Organization Name: _____ and Date: _____ Student Age: _____

Student Grade(s): _____ Instrument or Voice: _____ Solo/Maj. Org. Level: _____

Ensemble Director or
School Music Teacher Name: _____ All-State Audition: ___ Yes ___ No ___ N/A

Home Phone: _____ School Phone: _____ School Email: _____

NYSSMA Member School Name: _____

NYSSMA Member School Address: _____ Zip: _____

Documentation of Accommodation(s)

Our signatures attest that the above-named student requires accommodation(s). The accommodations:

- are documented in the school records (e.g. Individualized Education Program, 504 Accommodation Plan),
- have been consistently applied in their instructional program, and
- form the basis for this request for accommodation(s).

School Music Teacher Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
For Solo Evaluation Only

Principal Signature: _____ Date: _____

Accommodation(s) requested:

- | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Directions simplified and/or stated multiple times | <input type="checkbox"/> Printed scales/rudiments (as per IEP/504) |
| <input type="checkbox"/> Extended time: _____ | <input type="checkbox"/> Adaptive keyboard |
| <input type="checkbox"/> Enlarged print: _____ % | <input type="checkbox"/> Adaptive personal musical equipment |
| <input type="checkbox"/> Sight Reading Color Contrast: _____ | <input type="checkbox"/> Accessible room location |
| <input type="checkbox"/> Reduce items per page | |

Additional Information Regarding Accommodation(s): _____