

APPENDIX G

Special Needs Accommodation Request Form

Date of Request: _____

Student's First, Last Name: _____
Teacher's Name: _____ Branch: _____
Teacher's Email: _____ Teacher's Phone: _____
Parent's Name: _____
Parent's Email: _____

Description of Special Need

Please describe your child's special need, and how it impacts your child's ability to participate in the program.

Supporting Documentation (attach to this form for Branch use only)

- Individual Education Program or Plan (IEP) from child's school
- Physician's Report (physician cannot be child's relative)
- Neuropsychological Assessment Report (physician cannot be child's relative)
- Other: _____

Specific Accommodation Requested

Please describe the specific accommodation sought in order to assist the child to participate and complete all the required components of the CM Evaluation (sight-reading, ear-training, technique, written theory examination, performance evaluation). Teacher and Parents are not permitted to select the person designated to carry out the requested accommodation. Attach separate sheet if needed.

Parent Consent & Waiver of Liability

I agree and consent to (1) my child's participation in the Certificate of Merit® Evaluations program, for which my child shall abide by all applicable policies, procedures, rules, and regulations of the program, and (2) the Teacher's request for special accommodation due to my child's special needs. I further agree and consent to MTAC and Branch administrators and the Teacher informing Branch CM personnel (e.g. Evaluator, Door Monitors, Proctors, etc.) regarding my child's special needs to the extent necessary, in order to assist my child to participate in this program. I understand and agree that MTAC and/or the Branch must consider a variety of factors on a case-by-case basis and reserves the right to decline this request.

I HEREBY WAIVE, RELEASE, DISCHARGE, AND COVENANT NOT TO SUE MTAC OR MTAC BRANCHES, THEIR RESPECTIVE DIRECTORS, OFFICERS, AGENTS, MEMBERS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ARISING OUT OF, OR RELATED TO, MY OR MY CHILD'S PARTICIPATION IN THIS PROGRAM, WHETHER BASED IN CONTRACT OR TORT, INCLUDING ACTUAL, COMPENSATORY, INCIDENTAL, SPECIAL, CONSEQUENTIAL, PUNITIVE, OR EXEMPLARY DAMAGES.

Parent Signature

Date

MTAC & Branch Request Review

We have reviewed the above request for MTAC's consideration. CM Branch Chair will contact the Teacher once a determination has been made.

Teacher Signature

Date

CM Branch Chair Signature

Date

CM State Chair Signature

Date