

## **4-H/FFA PARTICIPANTS WITH DISABILITIES**

**Parents or Legal Guardians of 4-H/FFA participants with a recognized disability (physical or mental) may request assistance for their child.**

**How:** Requests must be made in writing 30 days prior to the required function of the current year and must be accompanied by a Release of Information form (available at the extension office). Requests should be sent to the Fairfield County OSU Extension Office, c/o 4-H Educator, 831 College Ave., Lancaster, Ohio 43130. A new request for accommodations must be made each year of the child's involvement.

**Who:** Students who currently have an active Individualized Education Plan (I.E.P.) or a 504 Plan on file with one of the Fairfield County or Lancaster City School Districts, or homeschooled students with documented physical or mental disabilities.

**What:** The letter should state specifically the accommodations that are needed to provide the child with an equal opportunity to fulfill 4-H/FFA obligations for completing projects or exhibiting in the current year's junior fair, including the Skill-a-thon.

**Result:** The extension office and the junior and senior fair boards will work with the parents and the child to provide necessary accommodations. Should the child need specialized assistance (example: language interpretation), the parents will be asked to assist in procuring it. Each request will be handled individually and every effort will be made to accommodate the child's special need in order to make their 4-H/FFA experience as beneficial as possible. Should the child need accommodations at club meetings, the extension office and the club advisors will work with the parents to facilitate a workable solution.

**PARENTAL CONSENT FOR  
RELEASE OF INFORMATION**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, as the parent or legal guardian,  
agree to provide the Fairfield County 4-H Extension Office and the Junior  
and Senior Fair Boards the necessary information in order to meet the  
special needs of \_\_\_\_\_.

I understand that I will be asked to assist in facilitating the accommodations  
that I have outlined in my request letter.

Signature: \_\_\_\_\_

Office Use: Date Received: _____  By: _____
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