Illinois HOSA State Leadership Conference
IEP Verification Form

Student Name: _____________________________________________________________

Chapter: _________________________________________________________________

**Student Eligibility**
A School Official and Chapter Advisor MUST sign below to verify the named student on this form is classified under the provision of the 2004 reauthorized Individuals with Disabilities Education Act (IDEA). (Students classified under Section 504 are NOT eligible to compete in this event)

DO NOT send the actual IEP or other documentation. For purposes of this competition, only this form and the online Accommodation form (link below) is needed as verification of eligibility for this event. Please email this form to illinoishosa32+IEPverification@gmail.com

School Official Signature: ________________________________________________
(Exceptional children (special education) teacher, guidance, counselor or principal)

Chapter Advisor Signature: _______________________________________________

[Online Accommodation Request link](#)