NMSU Cooperative Extension Service
State 4-H Youth Development

ACCOMMODATION REQUEST REFERRAL FORM

For completion by Cooperative Extension agents or staff when a participant or parent/guardian requests an accommodation. Please complete and email to NMSU Disability Access Services at das@nmsu.edu and cc Freda Trujillo at ftrujill@nmsu.edu

SECTION 1. REFERRAL AND CONTACT INFORMATION

Date referral completed	
Date request received by agent/staff	
Name of referring Extension agent/staff	
County/area/program	
Agent/staff email and phone	
Participant/student name	
Parent/guardian name (if applicable)	
Participant/parent preferred contact information	
Relationship of person submitting request to participant	

SECTION 2. EVENT INFORMATION

Name of event/program	
Event date(s) and time(s)	
Event location / facility	
Event type (e.g., day event, overnight camp, fair, competition)	
Event coordinator / primary contact	
Is the event on NMSU property? ☐ **Yes** ☐ **No** ☐ **Unsure** If No/Unsure, where is event?	

SECTION 3. REQUESTED ACCOMMODATION

Summarize the accommodation requested by the participant or parent/guardian. Record the request in their own words when practical. Include relevant event-related details, but do not include unnecessary medical information.

Requested accommodation(s) or service(s)	
Details provided by participant/parent (how the request supports participation)	
Specific activities, settings, or times affected	
Any alternatives or additional information offered by participant/parent	
Immediate access, safety, or scheduling concerns identified (if any)	

SECTION 4. REFERRAL TO DISABILITY ACCESS SERVICES (DAS)

Date referral sent to DAS	
Method of referral (e.g., email, approved referral system)	
DAS contact/person or office notified	
Information/documents forwarded (list; do not attach unnecessary medical details)	
Was the participant/parent informed of the referral?	☐ **Yes** ☐ **No** ☐ **Pending**
Date participant/parent was informed	

SECTION 5. NEXT STEPS AND FOLLOW-UP

Next step(s) identified with DAS	
Person responsible for each next step	
Target date / deadline	
Follow-up date with DAS	
Follow-up communication or outcome	
Current status	☐ **Referred** ☐ **Under review** ☐ **More information needed** ☐ **Plan communicated** ☐ **Closed**

SECTION 6. DOCUMENTATION AND STAFF ATTESTATION

This form documents referral and coordination steps; it does not itself approve or deny an accommodation. Accommodation planning should continue collaboratively with the participant/parent or guardian, the referring staff member, DAS, and other appropriate NMSU or event personnel.

Additional notes / pending	

questions	
Completed by (name/title)	
Signature or electronic confirmation	
Date completed	

Confidentiality reminder: Share referral information only with individuals who need it to review, coordinate, or implement the accommodation. Follow applicable NMSU procedures for secure transmission and record retention.