Students With Disabilities and Accommodations Policy

A welcoming, practical approach to including students with disabilities, health conditions, or learning differences.

Important notice: This is a free sample safety document. It is a starting point, not a finished policy, and it is not a legal document or legal advice. Laws differ by location. Have a qualified attorney review and adapt it for your academy before use. Academy Safe is not responsible for errors or missing information in this document, or for how it is used. In an emergency, call 911.

Academy name: _____

Academy address: _____

Effective date: _____

Last reviewed: _____

Purpose

Martial arts can benefit students of all abilities. This policy explains how the academy works with students and families to make reasonable changes, so more students can train safely. Disability and human rights laws differ by location. Ask your attorney what applies to your academy.

Our Approach

- The academy does not turn away students because of a disability. Each request is reviewed individually.
- Students and families are treated with respect. Information about a disability is shared only with staff who need it.
- Staff do not assume what a student can or cannot do. They ask, observe, and adjust.

Requesting an Accommodation

- A student, parent, or guardian can ask any instructor or [designated safety contact] for an accommodation.
- The academy and family meet to discuss the student's needs and goals.
- Examples include a quieter spot on the mat, extra breaks, visual instructions, modified techniques, a support person on the mat, or a different class time.
- The agreed plan is written down, shared with instructors, and reviewed regularly.

Safety and Supervision

- Students who need extra support are never isolated from the group or left alone with one adult.
- Physical guidance follows the Physical Contact and Technique Demonstration Guidelines and is explained before it happens.
- If a change would create a real safety risk, the academy works with the family to find another option.

Accommodation Plan

Student name: _____

Needs and goals: _____

Agreed accommodations: _____

Review date: _____

Signatures

Parent, guardian, or adult student name: _____

Signature: _____

Date: _____

Owner or director name: _____

Signature: _____

Date: _____

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