

Due: March 1

SPECIAL NEEDS REQUEST FORM

If you have a student who requires special services during the CT FCCLA State Leadership Conference, please fill out the appropriate information on this form and return it by March 1 to:

Rosalind Diemand
CT FCCLA
14 Juniper Drive Wolcott, CT 06716
Fax: 860-628-3397 ctfcla@sbcglobal.net

Student Name _____

Advisor's Name _____

School _____

School Phone _____ Parents phone _____

Does your student have a physical challenge that might require special services? ____yes ____ no
If yes, check the appropriate categories:

____ mobility impaired

____ uses a wheelchair

____ visually impaired

____ hearing impaired

____ other: _____

Does your student have a disability which might require special materials for their participation?

____yes ____no If yes, indicate the STAR event they have entered _____

In which form will your student need to receive contest materials/tests?

____ regular print

____ teacher to read contest materials/tests

Will they need wheelchair access to the contest site? ____yes ____no

Will they need a certified sign language interpreter? ____yes ____no

Will they need a reader? ____yes ____no

Will they need any other types of assistance? _____

Do you have any students with food allergies or special dietary requests? If so, please list the students name and allergy:

In so far as possible, CT FCCLA will try to honor your requests.