

Due: March 15th

SPECIAL NEEDS REQUEST FORM

If you have a student who requires special services during the FCCLA-HERO State Leadership Conference, please fill in the appropriate information on this form and return it by March 15th to:

Jill Hanson Roe
320 East 11th Street
Blue Earth, MN 56013
Fax 507-526-7571
state@mnccla-hero.org

Student's Name _____

Advisor's Name _____

School/Center _____

School phone _____ Parent's phone _____

Do you 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 _____

Do you have a disability which might require special materials? ___yes ___no

If yes, indicate the competitive event(s) which you have entered _____

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

_____regular print

_____teacher to read contest materials/tests

Will you need wheelchair access to contest site? ___yes ___no

Will you need a certified sign language interpreter? ___yes ___no

Will you need a reader? ___yes ___no

Will you 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, we will try to honor your request.