PARTICIPANTS WITH SPECIAL NEEDS

Chapter: _____

Check One: ☐ **FBLA** ☐ **PBL**

SERVICES FOR MEMBERS WITH DISABILITIES

Members who have disabilities add an important dimension to the organization. They serve as models within the profession and to the students, as well as provide guidance concerning program needs, sensitivity, and accessibility. Please contact the national staff as soon as possible if you know of a delegate who may require special services.

Upload to: https://www.dropbox.com/request/KyZX9OqZYYU6OjZMx7zu

Participant's Name: _____

Participant's School: _____

Adviser's Name: _____

Adviser's Work Phone Number: _____

Adviser's Cell Phone Number: _____

Adviser's E-mail: _____

Event Entered: _____

List disability that might require special services and what accommodation you require.

☐ Mobility Impaired ☐ Hearing Impaired -- ☐ Need Signer

☐ Uses a Wheel Chair ☐ Other: _____

☐ Visually Impaired (please select one below and indicate what is required on site)

☐ Regular Print _____

☐ Large Print _____

☐ Braille _____

☐ Reader Required _____

☐ IEP, 504 Time Accommodation on Written Test: ☐ Unlimited ☐ Extra Time (Indicate Amount _____)

Indicate other accommodation(s) needed: _____

I attest that all information provided on this form is true and accurate.

Adviser Signature (May Be Typed) _____