Business Professionals of America Regional Leadership Conference Special Needs Request Form

MUST BE SUBMITTED AT SAME

	Please type		TIME AS REGIONA REGISTRATION		
	Duplicate as needed	eeded		REGISTRATION	
	Make a copy for your files				
	e this form to request special needs for participation i essment events.	n the Regi	onal Leadership (Conference and related	
S	tudent Name				
Α	dvisor Name			_	
S	chool Name			_	
S	chool Address			_	
S	chool City, State, Zip				
S	chool Phone & Ext.				
S	chool Fax				
Α	dvisor E-mail Address				
Г	Oo you require a wheelchair accessible room?		Yes	No	
D	Oo you have any disability that might require special ervices?		Yes	No	
	If yes to any of the above, please check the appropriate one:		Mobility impaired	Visually impaired	
			Hearing impaired	Wheelchair use	
		Other:			
	Oo you have any disabilities which might require pecial materials		Yes	No	
	f yes to any of the above, indicate the assessment vents in which the student is participating:				
	n which form would you need to receive contest		Regular print	Braille	
n	naterials		Large print	On cassette tape	
	Vill you need a certified sign language interpreter?		Yes	No	
	Vill you need a reader?		Yes	No	
Α	any other types of assistance:				
(1	OFFICE USE ONLY Resolution to be sent to hapter advisor)				

Document can be found on Google Share Drive