

# 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 THE SIGNED DOCUMENT AND ANY SUPPORTING DOCUMENTS AS ONE PDF FILE

<https://www.dropbox.com/request/snczXaKc0eSgsColI7bs>

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) \_\_\_\_\_