**ALABAMA FBLA CONFERENCE PARTICIPANTS WITH SPECIAL NEEDS**

Chapter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: \_\_\_\_ FBLA \_\_\_\_ FBLA ML \_\_\_\_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 state staff as soon as possible if you know of a delegate who may require special services.

Participant’s Name:

Participant’s School:

Adviser’s Name:

Adviser’s Work Phone Number:

Adviser’s Cell Phone Number:

Event Entered:

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

\_\_ Mobility Impaired

\_\_ Uses a Wheelchair

\_\_Hearing Impaired

\_\_ Need Signer

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

\_\_ Regular Print

\_\_ Large Print

\_\_ Braille

\_\_ Reader Required

\_\_ Other \_\_\_\_\_\_\_\_\_

\_\_\_ IEP, 504 Time Accommodation on Written Test

\_\_ Unlimited

\_\_ Extra Time (Indicate Amount \_\_\_\_\_\_\_\_\_\_)

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

Adviser Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UPLOAD THIS SIGNED FORM TO DROPBOX:

<https://www.dropbox.com/request/zLwhDqa21rM8VTNkN3XV>