

Due: March 1st

### SPECIAL NEEDS REQUEST FORM

If you have a student who requires special services during the FCCLA State Leadership Showcase, please fill in the appropriate information on this form and return it by March 1st to:

Kansas FCCLA  
1324 Lovers Lane  
Manhattan, KS 66506

Student's Name \_\_\_\_\_

Advisor's Name \_\_\_\_\_

School \_\_\_\_\_

School phone \_\_\_\_\_ Parent's phone \_\_\_\_\_

Do you have a physical disability which might require special services? \_\_\_yes \_\_\_no  
If yes, please check which applies:

\_\_\_\_\_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.