

PSEA SPECIAL NEEDS ASSESSMENT FORM

Persons with special needs, including those occasioned by a temporary or permanent disability, should complete and return this enclosed Special Needs Assessment Form. PSEA will make every effort to reasonably accommodate those individuals who identify themselves as having special needs. To help us do so, please return these forms no later than two weeks prior to the earliest registration deadline on your enrollment form. If you have any questions or concerns, please contact Susan Leed at PSEA (1-800-944-7732, ext. 7099).

NAME _____ () M () F

ADDRESS: _____

LOCAL ASSOCIATION: _____

PHONE (home) : _____ (school): _____

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() I REQUIRE SPECIAL CONFERENCE ACCOMMODATIONS.

Please state the nature & extent of your disability, and the accommodations requested:

() I REQUIRE SPECIAL HOUSING ACCOMMODATIONS.

Please state the nature & extent of your disability, and the accommodations requested:

() I REQUIRE MEDICALLY NECESSARY DIETARY ACCOMMODATIONS

Please state the medically necessary dietary accommodations requested:

