

SPECIAL NEEDS ASSESSMENT

Persons with special needs, including those occasioned by a temporary or permanent disability, should complete and return this Special Needs Assessment form with your registration 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 this form no later than three weeks prior to the earliest registration deadline on your enrollment form. If you have any questions or concerns, please contact Patty Benedict at PSEA (email pbenedict@psea.org or (800) 944-7732, ext. 7099).

NAME:

LOCAL ASSOCIATION:

PHONE (please list home, school, cell):

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I require medically necessary dietary restrictions.
(Please state the medically necessary dietary accommodations requested.)

I require special room accommodations.
(Please state the nature and extent of your disability, and the accommodations requested.)