



**2011 SLW**

**PARTICIPANTS WITH SPECIAL NEEDS**

**Notification Form**

PENNSYLVANIA FBLA STATE LEADERSHIP WORKSHOP

**School:** \_\_\_\_\_

**Check One:**

**RECEIPT DEADLINE: September 29, 2011**

**FBLA**

**FBLA-Middle Level**

SERVICES FOR MEMBERS WITH SPECIAL NEEDS

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 office as soon as possible if you know of a delegate with a disability who may require special services.

Participant's Name: \_\_\_\_\_

Participant's School: \_\_\_\_\_

Adviser's Name: \_\_\_\_\_

Adviser's Work Phone Number: \_\_\_\_\_

Adviser's Cell Phone Number: \_\_\_\_\_

Adviser's Home Phone Number: \_\_\_\_\_

Adviser's E-mail Address: \_\_\_\_\_

**List disability that might require special services:**

Mobility Impaired

Hearing Impaired

Uses a Wheel Chair

Other: \_\_\_\_\_

Visually Impaired: \_\_\_\_\_

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

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

E-mail this form to [bboncal@pafbla.us](mailto:bboncal@pafbla.us).