**USAD Academic Pentathlon**

Special Needs Form

# **STUDENT NAME**:

**SCHOOL**:

**ADDRESS**:

**SCHOOL** **PHONE**:

**SCHOOL** **FAX**:

**COACH(ES)**:

**NATURE OF STUDENT’S DISABILITY**:

Students with allergies (e.g., food, skin, etc.) will give his/her normal care to these allergies.

***Please attach a copy of IEP and history of how student has been accommodated at previous competitions.* Please note that no additional time will be allowed for any testing.**

Coach’s Signature Date

## **Forms must be received by May 6, 2016 to:**

pentathlon@usad.org