



# USAD Academic Pentathlon

## Special Needs Form

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL PHONE: \_\_\_\_\_

SCHOOL FAX: \_\_\_\_\_

COACH(ES): \_\_\_\_\_

NATURE OF STUDENT'S DISABILITY: \_\_\_\_\_

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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](mailto:pentathlon@usad.org)