# FORM F – Service for Students With Special Needs

NorCal CDC 2024

If you have a student who has special learning or other special needs, please indicate those needs here. Please fill in the information as completely as possible to help us provide a positive learning experience for all of our conference participants.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student Chapter

|  |  |
| --- | --- |
| **Event Name:** |  |
| **List any specific conditions that we need to be made aware of:** |  |
|  |  |
|  |  |
|  |  |
| **Service or Accommodation Requested:** |  |
|  |  |
|  |  |
|  |  |

**Email this by November 30, 2023 to:**

[registration@californiadeca.org](mailto:registration@californiadeca.org)