

**SkillsUSA COMPETITIVE EVENT
SPECIAL ACCOMMODATION FORM**

Name of School _____

Contest _____ Name of Student _____

Please list any special accommodations needed: (i.e. oral exam, sign language, interpreter, large print, ramp for wheel chair, private restroom, etc.) _____

(Advisor Signature)

(Administrator Signature)

Please complete and return by _____ to:
(DATE)

(Name)

(School)

(Address)

(City) (State) (Zip Code)

(Fax)