

**UNITED STATES ACADEMIC DECATHLON<sup>®</sup>**  
**Nationals - 2017**

**Special Needs Form**

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

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

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

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.

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Date

**Forms must be received by March 27, 2017**

**USAD Nationals Competition**  
**P.O. Box 4351**  
**Mankato, MN 56002**