

CHALLENGER LEARNING CENTER

SPECIAL NEEDS FORM

School Name _____

Teacher Name _____

Mission Date _____

Do you have any non-English speaking students? YES NO

Do you have students that do not read? YES NO

If yes, how many? _____

Do you have students who are reading below grade level? YES NO

If yes, how many? _____ Reading Grade Level _____

Do you have students who have any special physical or mental needs of which we should be aware? If yes, list all that apply: YES NO

Do any of your students have medical conditions of which we should be aware? If yes, please list all that apply: YES NO

Do you plan to bring a facilitator for these students? YES NO

If yes, how many? _____

Additional Comments:

It is very important that this form be returned to us five days prior to your mission date. We **do not** have staff trained for hearing or sight impaired students nor non-English speaking students. In these cases, please provide your own staff.

Fax this form to: (270) 534-6385

