

PROGRAM ACCESSIBILITY FORM

Your Group's Name: _____

Eagle Bluff strives to provide a positive and successful experience for all students. In order to do this, we need to be prepared for students with special needs.

List the **FIRST** names and conditions of any students in your group with special needs including dietary, physical, cognitive, or emotional disabilities or medical conditions. This information is for internal use only and is used only to make adaptations to our programs as needed.

Dietary Needs (EX: Lactose Intolerant)

Name(s) of Student(s): _____ Description of Needs _____

Physical needs (EX: Broken right leg)

Name(s) of Student(s): _____ Description of Needs _____

Cognitive/Developmental (EX: Autism)

Name(s) of Student(s): _____ Description of Needs _____

Medical Conditions (EX: Asthma, diabetes)

Name(s) of Student(s): _____ Description of Needs _____

Other Needs (EX: Sleepwalker)

Name(s) of Student(s): _____ Description of Needs _____

Note: You may be required to provide extra supervision for individuals with behavioral problems or special needs.

Return this form to Eagle Bluff at least 2 weeks prior to your trip. This will enable our instructors to make each of your classes as accessible and inclusive as possible.