

# PROGRAM ACCESSIBILITY FORM

**Your Group's Name:** \_\_\_\_\_

Eagle Bluff strives to provide a positive and successful experience for all students. **For Eagle Bluff to accommodate, these MUST be communicated to Eagle Bluff prior to your trip!**

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

**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, Bedwetter, etc.)

Name(s) of Student(s):

Description of Needs

*Return this form to Eagle Bluff with the Scheduling Form. This will enable our instructors to make each of your classes as accessible and inclusive as possible.*