

Accessibility Form

Group Name: _____

Eagle Bluff strives to provide a positive and successful experience for all participants. For Eagle Bluff to make this experience as accessible and inclusive as possible, any needs **MUST** be communicated prior to your trip.

List the **FIRST** names and conditions of any **students** and **adults** with special needs. This information is for internal use only and is used to make adaptations to our programs as needed.

Please place √ next to adult names. Please save your completed form and e-mail it to schools@eagle-bluff.org

Dietary Needs - all dietary needs **MUST** be communicated prior to your trip!
(EX: medically defined allergies, lactose intolerance, vegetarian)

Name	Description of need	Name	Description of need
------	---------------------	------	---------------------

Physical Needs (EX: broken leg, Cerebral Palsy, etc)

Name	Description of need	Name	Description of need
------	---------------------	------	---------------------

Cognitive/Developmental (EX: Autism, ADD, etc)

Name	Description of need	Name	Description of need
------	---------------------	------	---------------------

Medical Conditions (EX: asthma, diabetes)

Name	Description of need	Name	Description of need
------	---------------------	------	---------------------

Other Needs (EX: sleepwalking)

Name	Description of need	Name	Description of need
------	---------------------	------	---------------------