



Special Needs Form

~ VERY IMPORTANT ~

This sheet must be filled out and returned five (5) days prior to your mission date.

In an effort to maximize the educational value for all your students, the Challenger Learning Center must be made aware of all special circumstances which may affect the educational quality of the mission.

School Name _____

Teacher Name _____

Mission Date _____

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

If yes, what language(s) do they speak? _____

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 physical or mental limitations? YES NO

If yes, list all that apply: _____

Do any of your students have medical conditions of which we should be aware? YES NO

If yes, please list all that apply: _____

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 (5) 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 Number: (270) 534-6385