Adaptation for Achievement

In order to provide all students the opportunity to successfully participate and achieve in the full range of SkillsUSA activities and competitive events, please complete the following checklist. This will assist in the identification of any special services or equipment required by your SkillsUSA student(s). Please complete one form for each student who is in need of Adaptations for Achievement.

School Name: _____________________________________  SkillsUSA Advisor(s): _______________________________
Delegate (Student) Name: ____________________________  Competition/Activity _______________________________

Adaptations Required

Meal Restrictions, Transportation and Lodging - (Please provide need)
Physical Accessibility
TTY Access
Braille
Meals
Bus
Large Group Activities

Please include student name, type and adaptations required.
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Services

A. Alternative Formats

Please inform the State SkillsUSA Office in advance of any accommodations that will increase your ability or that of your students to participate in this conference. Available upon request.

B. Needs

☐  Please Indicate if your student should participate with Advisor's group activity:

☐  Diet Restriction - List what Diet student would prefer: ____________________________

☐  Hearing Impaired

☐  Needs a Ramp provided for conference

☐  Large Print Directions

☐  Other ____________________________

Please e-mail to: Executive.Director@mnskillsusa.org
or Fax Form to: 763-560-1936

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