



## **SPECIAL NEEDS FORM**

Only submit this form if you have a student that requires special needs at the DECA State Career Development Conference, please state the need below and return this form to your folder that you downloaded the document from.

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Little Rock, AR 72201-1083

SCHOOL NAME: \_\_\_\_\_

ADVISOR NAME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

SPECIAL NEEDS REQUIRED: \_\_\_\_\_