



## **SPECIAL NEEDS FORM**

Only submit this form if you have a student that requires special needs at the DECA State Career Development Conference. E-mail form to the State Advisor: [twyla.evans@ade.arkansas.gov](mailto:twyla.evans@ade.arkansas.gov)

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

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

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

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