**SPECIAL CONSIDERATION**

**STUDENT PROFILE SHEET**

(*To be completed 30 days in advance of conference if student needs individual supervision or other special assistance throughout the conference)*

|  |  |
| --- | --- |
| **Student Name** |  |
| **Age** |  |
| **Grade** |  |
| **School** |  |
| **Region** |  |
| **Coordinator** |  |
| **Phone** |  |
| **Email** |  |
| **Contest Entering** |  |
| **Level 1** | **Level 2** | **Unleveled** |
| Please indicate below if this student will need special considerations or preparations at any time during the CTI Leadership Conferences: (Example: An enlarged print test for visually impaired student, individualized supervision, interpreter, wheelchair access, etc.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |