



# ALABAMA JLDC

## JOINT LEADERSHIP DEVELOPMENT CONFERENCE

### REQUEST FOR SPECIAL SERVICES

*Please complete the following information for any student requiring special services to participate in the Joint Leadership Development Conference.*

**SCHOOL:** \_\_\_\_\_

**ADVISOR:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**STUDENT:** \_\_\_\_\_

**MEMBER:** \_\_\_\_\_

**SPECIAL NEEDS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above special needs identified for \_\_\_\_\_, is in compliance with the Individualized Education Program (IEP) on file for this student. The student will have the opportunity to participate in nonacademic/extracurricular activities with his/her non-disabled peers.

**Yes, without support.**

**Yes, with support.**

Describe support as identified on the student's IEP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_