

NW REGIONAL EDUCATION SERVICE DISTRICT
NW OUTDOOR SCIENCE SCHOOL
5825 NE RAY CIRCLE, HILLSBORO, OR 97124
Phone: (503) 614-1402 Fax: (503) 614-3182

OFFICE USE ONLY	
CAMP	_____
WEEK	_____

SPECIAL NEEDS FORM: If you have students with unique physical, medical, academic or social needs which will require special planning, please complete this form and return it to Outdoor School office **as soon as possible**. Please include **SEVERE dietary restrictions and/or allergies**. **If you need additional forms, please make copies.**

Teacher's name _____ School _____
School Phone # _____ Teacher E-Mail: _____

<p>1. Student's Name _____</p> <p>Nature of issue _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Parent's Name: _____ Phone: _____</p> <p>Special Education teacher or other individual who may have additional information:</p> <p>Name: _____ Phone: _____</p>
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<p>2. Student's Name _____</p> <p>Nature of issue _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Parent's Name: _____ Phone: _____</p> <p>Special Education teacher or other individual who may have additional information:</p> <p>Name: _____ Phone: _____</p>
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<p>3. Student's Name _____</p> <p>Nature of issue _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Parent's Name: _____ Phone: _____</p> <p>Special Education teacher or other individual who may have additional information:</p> <p>Name: _____ Phone: _____</p>
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