SPECIAL NEEDS FORM

PLEASE RETURN TO

4th Grade Overnight at the MESD

11611 NE Ainsworth Circle Portland, OR 97220 - 9017 ATTN: Kitty Boryer

Phone: 503 257-1607 Fax: 503 257-1592

[kboryer@mesd.k12.or.us](mailto:kboryer@mesd.k12.or.us)

Yes I do have special needs students

No I do not have special needs students

Teacher Attending Oregon Trail as follows:

Name:

School:

Phone

Site Attending:

Week:

Email address:

# Dear Teacher:

Students in your classroom who experience special needs may warrant different levels of assistance and/or support from the Oregon Trail staff. In an effort to make every student's Oregon Trail experience successful, it is important that any student in your class with a special need be identified.

Please complete this form and return it to the Oregon Trail Office as soon as possible whether or not you have students with special needs. Please list each student's name and give a description of their need. If you run out of room please attach an additional sheet of paper.

Please include the best day

and time t

hat you can be reached.

Thank you for taking the time to complete this form; it enables us to provide a safer and more enjoyable experience for your students. There will not be a nurse on site, so if your student has a medical issue (i.e. diabetes, feeding prodical, etc..) a parent or guardian must attend with the student. If you have any questions, please contact the Student Services Assistant, Kitty Boryer at (503)257-1607.

Some examples of issues or needs that may impact a student's experience at Oregon Trail may be:

Specific learning challenges, a student who is non-English speaking, a student who requires behavioral and/or social support, a student who has a chronic/serious illness (diabetes, asthma, etc.), a student who experiences developmental delay, student with speech or hearing impairment, or a student who requires the use of a wheelchair or adaptive devices.

Please note if there are any specific parent issues or concerns, any religious issues, etc.

**Student Name:**

Primary Teacher:

Is student on IEP? Yes No

Attending w/ Parent? Yes No

Attending w/Aide? Yes No

Student Need:

**Student Name:**

Primary Teacher:

Is student on IEP? Yes No

Attending w/ Parent? Yes No

Attending w/Aide? Yes No

Student Need:

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Primary Teacher:

Is student on IEP? Yes No

Attending w/ Parent? Yes No

Attending w/Aide? Yes No

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Attending w/ Parent? Yes No

Attending w/Aide? Yes No

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Attending w/ Parent? Yes No

Attending w/Aide? Yes No

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Attending w/ Parent? Yes No

Attending w/Aide? Yes No

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Attending w/ Parent? Yes No

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