

PARTNERS PROFILE

Name _____

Daytime Phone (Mon-Fri) (_____) _____

home work

Street Address _____

City _____ State _____ Zip _____ Email _____

HOTEL

Do you need overnight lodging?
Participants staying overnight will share a room and a roommate will be assigned. yes no

If yes, will a personal care assistant (PCA) be staying with you?
If this is the case, you will not be assigned a roommate. yes no

Do you require an accessible room? yes no

ACCESSIBILITY

Do you need wheelchair-accessible meeting space? yes no

Will your personal care assistant come to the sessions with you? If so, please provide us with his/her name so a nametag can be prepared: yes no

Other accessibility accommodations? Please describe:

MEALS

Participants will be provided with Friday lunch and dinner and Saturday lunch during the training sessions. Breakfast will be provided on Saturday for those staying overnight on Friday. If you require a special diet (e.g. low salt, vegetarian, etc.), please describe below. Be as specific as possible so your individual needs can be met!

ON-GOING COMMUNICATIONS

You will receive monthly communications from the Coordinator with information you will need before the next weekend session. You can select either of the following methods to receive:

Electronic. My email address is: _____

NOTE: You must be able to open WORD attachments and be in a position to check your e-mail regularly to insure that you receive information on a timely basis.

U.S. Mail to the address shown at the top of this profile

INTERPRETER SERVICES

Do you require American Sign Language (ASL) interpreter services? yes no

Do you require other language translation services? If so, please specify: yes no

INSTRUCTIONAL MATERIALS

Materials distributed for use during Partners weekends and after class as resources come from a wide variety of sources. Every effort will be made to provide them in alternative formats to meet class member needs.

Please check formats required: Large print (*Please provide a sample*) Braille Audio tapes
 Other (*Please specify*)

TRAVEL

We strongly encourage carpooling. If you are interested in exploring this option before the first weekend session, please contact the Partners coordinator so we can provide you with names and phone numbers of class members in your area. *You will be provided with a complete class list at the first session to help you explore this option for future weekends.*

Will you be driving to the sessions? yes no

If you will not be driving, please describe your transportation plans:

**THIS FORM MUST
BE RECEIVED BY:**

SEND TO:
