Sensory Impairment Support Needs Form

| Full Name |
|--|
| |
| Date |
| |
| Email |
| |
| Phone Number |
| |
| Type of Sensory Impairment |
| Type of Sensory impairment |
| Description of Impairment/Diagnosis (if applicable) |
| |
| |
| Current Support In Place |
| Current Support In Place |
| |
| |
| Additional Support Needed |
| |
| |
| Preferred Communication Methods |
| |
| Access Requirements (e.g. equipment, materials, environment) |
| |
| |
| Other Notes |
| |
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