SUMMARY OF PARTICIPANTS NEEDS

SCHOOL__________________________________

DATES____________________________________

Indiana University's Outdoor Center

Please complete this form before your program-planning meeting by compiling all the information sheets for participants with special needs. **Please include information for all participants, including teachers and chaperons.** All information will be copied and shared with staff members in order to provide a safe and positive experience for all participants.

PARTICIPANT	TRAIL GROUP	CABIN	CONCERNS, NEEDS, ETC.