

# SCICON

Clemmie Gill School of Outdoor Science and Conservation  
Tulare County Office of Education



## CLASS INFORMATION SHEET

Teacher \_\_\_\_\_ School \_\_\_\_\_

Complete in ink and turn in at the office upon your arrival at SCICON.

Please list students with the needs indicated below. Identifying these needs will help us provide students with the best possible week at SCICON.

### Non-English Speaking:

**Student**

**Translator/buddy (if available)**

_____	_____
_____	_____
_____	_____
_____	_____

### Limited-English Speaking:

\_\_\_\_\_  
\_\_\_\_\_

**Severe Behavioral/Emotional Problem:**

**Description/Suggestion**

*(These students should not be grouped together in the same cabin.)*

_____	_____
_____	_____
_____	_____
_____	_____

**Learning Disability:**

**Description/Suggestion**

_____	_____
_____	_____
_____	_____

**Medical Condition/Physical Disability** *(Please phone the SCICON Health Center in advance at (559) 539-4007 to inform us of severe physical disabilities or medical conditions such as diabetes, severe asthma, severe epilepsy, wheelchair students, students who require an aide at school, etc.).*

**Student:**

**Description/Suggestion**

_____	_____
_____	_____
_____	_____