

NEBRASKA SCHOOL ACTIVITIES ASSOCIATION State Speech Spotlight: Open Division



SECTION 1: STUDENT RECORD INFORMATION

Student's Name	
Date of Birth	
Parent/Guardian's Name	Email Address
Mailing Address	
City/Zip	Home Phone #
Name of School	
Speech Coach's Name	Email Address
SECTION II: COACH QUEST	ΓΙΟΝS
Student's Speech Event and To	opic/Title:
Please tell us about your studer	nt
How many speech meets did yo	our student attend this season:
	ty?
What, if any, accommodations	will your student need?

SECTION IV: ADMINISTRATOR'S STATEMENT

Please check:	
I certify that I have reviewed documentation, which verifies that this studisabilities as defined by Section 504 of the Rehabilitation Act and/or TAct, and is currently being served under either of those Acts.	
Signature of Administrator	Date
Instructions for submission: When completed and signed by all applicable passibilitied to the NSAA office. <i>Students will be notified if they will perform at March 9th</i> .	
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