

PROFESSIONAL PROFILE

Last Name:	First Name:	Mr/Ms:	
Organization:			
Address:	City:	State:	Zip
Work Phone/TTY:	FAX:	Home Phone:	
E-Mail Addr:			

I WORK WITH THE FOLLOWING POPULATIONS

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Fetal Alcohol Syndrome	<input type="checkbox"/> Mobility Impairment	<input type="checkbox"/> Speech Delay
<input type="checkbox"/> Autism / PDD	<input type="checkbox"/> Fragile X	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Deaf/ Hard of Hearing	<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Tourette Syndrome
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Non-disabled	<input type="checkbox"/> Tuberous Sclerosis
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> MentalHealth	<input type="checkbox"/> Physical Disabilities	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> EBD/ODD	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Prader Willi	<input type="checkbox"/> Other
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Mildly Mentally Impaired	<input type="checkbox"/> Retts Syndrome	

COMMENTS

Return To: Adaptive Recreation Supervisor
City of Bloomington
1800 West Old Shakopee Road
Bloomington, MN 55431-3027