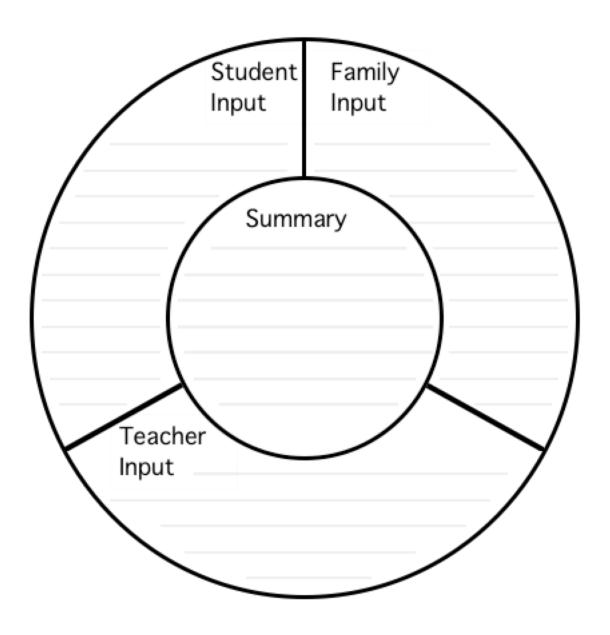
Student Name:	Date:
---------------	-------

Disability Awareness Circle



Parent's Signature:	Date:
---------------------	-------