

**BLOOMINGTON, EDEN PRAIRIE, EDINA, RICHFIELD
PROFESSIONAL PROFILE**

**Adaptive/Inclusive Recreation
Learning Exchange**
Date Printed: 02/05/2002

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"/> Tuberos 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