

Sample Needs & Wants Form

Your privacy and safety are important and we will do everything possible to protect it. Any information you disclose here will not be shared beyond the GSA organizing committee. Your information will be protected, kept secure, and destroyed without a digital trace at the end of the school year.

Name:

Name you want to be referred to as during virtual GSA meetings:

Pronouns:

Pronouns you want to be referred to as during virtual GSA meetings:

If you have any accessibility needs you would like GSA leaders to keep in mind, please include them here. Please also include suggestions on how to best accommodate you.

[E.g. I have poor/strained internet connection but can call in by phone; I'm not out at home so can't participate verbally but would like to listen in and contribute via text and chat]

What function would you most like your GSA to fulfill at this time? (Rank by priority preference where 1 is the most important and 3 is less important)

Social Engagement ___

Mutual Care ___

Organizing Action ___

Is there anything else that you think would be helpful for GSA leaders and facilitators to know about you or your situation at this time: