

DEEP RIVER PARKS AND RECREATION

Inclusion Support Services Accommodation, Special needs Request Form

Participant Information:

Name	Age:	Date of Birth:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Parent/Guardian:				
Home Address			City & Zip	
Home Phone:		Cell No.:		Alt Phone:
Preferred Contact Method:			What is best time to reach you?	
Emergency Contact:			Relationship:	
Emergency Home Phone:		Emergency Cell No.:		Emergency Alt Phone:

Contact Information:

Communication between the Program Supervisor, Parks and Recreation Director and Participant/Parent/Guardian is of the utmost importance in the success of accommodation. ***The developed plan will not be implemented without your written consent.*** Please provide your email address below:

E-mail Address:

General Questions:

Has the participant ever been in this program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the participant ever been in a program similar to this one?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Please list program names with dates here:</i>		
Has the participant ever used our inclusion support services before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical Information:

Does the participant take medication (s)? <i>If yes, please provide a list here</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*****Please keep us informed of any medication changes *****		
Will your child require medication to be administered during the program?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
<i>*If yes, you must complete the medical administration form available on the Town web site</i>		
Please provide information regarding any special procedures below:		
List any side effects that may prevent participation in the program (sun sensitivity, overheating, etc.)?		
Has the medication form been submitted with the registration paperwork?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Disability Information:

Disability Type (please check all that apply) Physical Emotional Developmental Intellectual

What are the participant's restrictions that may need to be accommodated?

Activities of Daily Living:

Activity	Independent	Needs Assistance	Needs Full Assistance	What Specific kind of Assistance is needed?
Dress/Undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility (running, walking, jumping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transferring from wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Communication

What is the participant's primary means of communication? (Clear speech, uses gestures, uses sign language, etc.)

Participant Behavior:

Please describe the participant's general behavior and moods (ie. Happy, shy, cautious, etc.)

When upset, how does the participant usually respond? (please check all that apply)

- Walks away Talk/tell staff Takes time away to calm down Wanders/leaves group Destroys Property
 Physically harms self Is aggressive towards others Uses profanity or negative words Verbally aggressive

Other (please provide details)

Please describe the participant's typical reaction to the following:

Changes in routine _____

How should the staff respond? _____

Noise Level or sudden loud noises _____

How should staff respond? _____

A lot of visual stimulation _____

How should staff respond? _____

Has the participant taken part in inclusive programs/settings before? Yes No

If yes, please describe what settings and what accommodations, if any were in place.

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Socialization/Activities: (please check all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Prefers to be part of a group | <input type="checkbox"/> Prefers to be alone | <input type="checkbox"/> Prefers small group activities (less than 10) | <input type="checkbox"/> Enjoys sports activities |
| <input type="checkbox"/> Needs encouragement to join group | <input type="checkbox"/> Adjusts well to new surroundings | <input type="checkbox"/> Difficulty in new surroundings | <input type="checkbox"/> Enjoys crafts/board games |
| <input type="checkbox"/> Enjoys moderately paced activities | <input type="checkbox"/> Enjoys fast paced activities | <input type="checkbox"/> Prefers large group activities (more than 10) | <input type="checkbox"/> Enjoys slow paced activities |

Inclusion, Accommodation & Special Needs Request Acknowledgment & Release
(each box must be checked and acknowledges that you have read and understand the information – PLEASE READ CAREFULLY - ONCE ACKNOWLEDGED, THIS CANNOT BE UNDONE)

- I agree to release the information from my child/dependent's IEP (Individualized Education Plan) and provide a copy of his/her IEP to the Town of Deep River Deep River Parks and Recreation Department Director and Program supervisor.
- I understand that the inclusion specialist does not dictate the structure of the program, and should I have concerns about the structure of the program I should contact the program supervisor.
- I understand that the programs are recreation based and are not designed for therapeutic or one-on-one care.
- I understand it is my responsibility to provide the inclusion specialist with the most current information on my child/dependent
- I understand that it is my responsibility to let the inclusion specialist know if there are any changes to the information I have provided regarding my or the participant's disability, restrictions and accommodations as soon as a change occurs.
- I understand it is my responsibility to submit a written request form for each program I or the participant signs up for in which accommodations are necessary.
- I understand that it may take up to 14 days to have an accommodation in place and that I or the participant will begin the program once the accommodations is in place ***In certain cases it may take longer if additional medical information is necessary.*
- I understand that the participant's accommodation plan does not exempt him/her from following the Town of Deep River Parks and Recreation's program rules and consequences. The agreed accommodations may assist him/her in meeting these rules, but does not exempt him/her from following them.
- I understand that if I or the participant is unable to comply with these rules, even with use of the agreed accommodations in place, he/she will be subjected to the Town of Deep River Parks and Recreation Department's disciplinary procedures. A graduated discipline process is used including meetings and suspensions. In some cases, participants may be subject to emergency suspension or expulsion if their behaviors are beyond the staff's ability to control

Additional Comments/Information:

Student's name:	School Attending	Grade
Parent/Legal Guardian Signature	Parent/Legal Guardian printed name:	Date:

