

## Accommodation Request

This form is intended to assist in identifying reasonable accommodations which may be beneficial for successful participation.

### Program Ready:

To support the success and safety of individuals registered in recreation programs, it is important that participants are indeed program ready. To assist in determining if a person is "program ready", the following criteria have been developed:

- Participant can participate either independently or with reasonable accommodations
- Participant is age appropriate
- Participant interacts and participates in a manner that is physically and emotionally safe for themselves and others
- Participant can participate in self-care routines (toileting, feeding, etc.) independently

Initial: \_\_\_\_\_

**The accommodation request form must be submitted at least four weeks prior to the program registration deadline. This assessment expires one year from date of assessment or in the event of significant change.**

*The information provided is all accurate and to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE AS THOROUGHLY AS POSSIBLE. THANK YOU!**

### PARTICIPATION INFORMATION

(To be completed by parent/guardian if participant is under 18)

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Has the participant previously participated in CARD?  Yes  No

If yes, what program: \_\_\_\_\_

What program are you (or the participant) interested in? \_\_\_\_\_

Are you/the participant in:

Special Education Classroom

General Education Classroom with support (from a 1:1 Paraprofessional)

- General Education Classroom (independently, w/o support from a 1:1 Para)
- Out of school

**Social** (please check all that apply)

- Shows interest in others
- Will play/interact cooperatively with others
- Is tolerant of others, not easily agitated or annoyed
- Can listen and follow directions
- Is aware of safety concerns (traffic, hot stoves, sharp objects, strangers, etc.)
- Will sit quietly to watch a program, movie, etc.
- Can identify and take responsibility for personal belongings

Additional information: \_\_\_\_\_  
 \_\_\_\_\_

**Recreational** (please fill out to the best of your ability)

Please identify any interests the participant has:

Community	Outdoors	Wellness	Education	Hobbies	Creative	Physical
Traveling (ex.)	Fishing (ex.)	Yoga (ex.)	Math (ex.)	Dancing (ex.)	Painting (ex.)	Tennis (ex.)

**Mobility Skills** (Please fill out completely)

Do you/the participant walk independently?  YES  NO

If no, please identify any mobility devices used or assistance needed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you/the participant use a wheelchair?  YES  NO

If yes, is a wheelchair lift required?  YES  NO

If no, please describe your/the participants transfer technique: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Restroom Skills** (Please fill out completely)

- Wears attends/depends
- Indicates the need to use the restroom
- Uses the restroom with verbal prompting
- Uses restroom independently
- Washes hands independently

**Medical Information** (Please fill out completely)

Please list any diagnoses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you/the participant) have seizures?  YES  NO

If yes, please indicate what type of seizures and please describe: \_\_\_\_\_  
\_\_\_\_\_

Date of most recent seizure: \_\_\_\_\_

Does anything trigger the seizures? \_\_\_\_\_

Allergies (Include food/medication/other)? \_\_\_\_\_  
\_\_\_\_\_

Any other medical concerns: \_\_\_\_\_  
\_\_\_\_\_

**Activity Information** (Please fill out completely)

Do you feel your child requires one to one supervision?  YES  NO

Are there any areas of concern related to health/social regarding activities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can CARD best accommodate you/the participant? Please be as detailed as possible.  
\_\_\_\_\_  
\_\_\_\_\_

**Please return to the CARD:**

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