

Date _____
Form received by staff



Request for Program or Activity Modification

We invite participation by people with disabilities, alongside people without disabilities, in our programs, sites, and facilities. Please complete as thoroughly as possible. Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service or activity should contact the Parks, Recreation and Culture Department as soon as possible, but not later than 48 hours before the scheduled event. Assessment process can take 7-14 days, which means you or your child may not be able to attend until after assessment process is complete.

Date Form Completed _____ / _____ / _____

Participant Information – to be completed by Participant/Parent/Guardian

Participant _____ Date of Birth _____ Age _____

Address _____ City _____ State _____

Parent/Guardian _____ Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail address _____

Program Information (name of program, location, date program begins)

Information

Your answers to the questions below will help City staff, so we can make participation safe and enjoyable. City staff may reach you to clarify your answers or gather more information.

Disability Information as Diagnosed by a Physician:

Who made this diagnosis? _____

On what date was this diagnosis last updated? _____

In school, my child has these supports:

___ behavior plan paraprofessional aide OT/PT/ST

___ other (please briefly describe) _____

What modification are you requesting?

Assessment

Once we have received this request form, you will likely be contacted so an interview can be arranged. This important step allows us to make a plan to support your participation.