



Inclusion & Accommodation Request

Longview Parks & Recreation invites individuals with disabilities or needing additional assistance to join all recreation programs. Reasonable accommodations will be provided to enable a person to participate at the most independent level.

To better serve you, inclusion & accommodation requests should be received in writing two weeks before the program begins. Promptly after receipt of this form, you will be contacted to discuss your request and gather additional information if necessary.

Today's Date: _____ Date Program Begins: _____

Participants Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____ Email: _____

Area of Residence: In-City Out-of-City Other: _____

PROGRAM INFORMATION

Name of program: _____ Anticipated Start Date: _____

Have you participated in this program in the past? Yes No If yes, date of participation: _____

DISABILITY INFORMATION

Primary Disability (as diagnosed): _____

Secondary Disability (as diagnosed): _____

Has a certified health professional diagnosed the participant as having the above disability? Yes No

If yes, name of licensed professional: _____ Phone: _____

Does the participant take medications we should be aware of? Yes No

If yes, please list: _____

Does the participant have an Individualized Education Plan (IEP) or Behavior Plan? Yes No

If yes, please list: _____

Mobility related issues (use of wheelchair, cane, etc.): _____

Use of any assistive devices (TTY, read Braille, etc.): _____

Use of any assistive personnel (Interpreter, sighted guide, etc.): _____

Does the participant have seizures? Yes No Date of most recent seizure: _____

If yes, please indicate what type: _____

Other additional information the program leader/coach/instructor should know about the participant (medical concerns, allergies, behaviors, etc.): _____

ACCOMODATION INFORMATION

What specific accommodations or program adaptions are you requesting?

What accommodations have been used previously?

List specific goals you have for participation in this program?

If applicable, does the participant have a reward system or need assistance with behavioral management?

ADDITIONAL COMMENTS

Parent/Guardian Signature: _____ Date: _____

Return Completed Document to:

2920 Douglas Street, Longview, WA 98632 F: 360.442.5955 rec@ci.longview.wa.us

Questions or for more information: 360.442.5400

For Office Use Only

Date Received: _____ Received by: _____