

COMMUNITY PROGRAMS ACCOMMODATION REQUEST

Please complete this form as thoroughly as possible and return to: Community Programs Coordinator Nick Pangio at pangio.3@osu.edu
Please note that Camp Recky no longer provides specific inclusion specialist. Camp operates at 1:10 student to counselor ratio.

PARTICIPANT INFORMATION

Name: _____ Age: _____

Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Parent/Guardian Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Emergency Contact: _____ Emergency Phone: _____

Disability/Diagnoses: _____

PROGRAM INFORMATION

Program Name: _____ Specific Class/Camp: _____

Date Beginning: _____ Date Ending: _____

Number of Weeks: _____ Day(s): _____ Time: _____

Location: _____

I will be bringing an aide/assistant: Yes No

Aide/Assistant's Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

COMMUNITY PROGRAMS

ACCOMMODATION REQUEST CONTINUED

HEALTH INFORMATION

Medical Conditions (diabetes, seizures, asthma, allergies, etc):

Dietary Concerns:

Medications:

Type of Seizures:

Date of Last Seizure: _____ Duration: _____ Warning Signs: _____

COMMUNICATION

What is your child's means of communication (signing, speech, communication devices, gestures, etc)?:

BEHAVIOR

Does your child display any of the following behaviors?:

	Yes	No	Comments
Withdrawn/Shy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Easily Discouraged	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	_____
Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	_____
Short Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mood Swings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Easily Distracted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bites	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self Abusive	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manipulative	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abusive to Others	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inappropriate Language	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sever Fears (Please Comment)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Behavior Plan in Place (Please attach a copy or description)	<input type="checkbox"/>	<input type="checkbox"/>	_____

COMMUNITY PROGRAMS

ACCOMMODATION REQUEST CONTINUED

SAFETY

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Will Stay with the Group | <input type="checkbox"/> Responsible for Belongings |
| <input type="checkbox"/> Knows Name and Phone Number | <input type="checkbox"/> Swims Independently |
| <input type="checkbox"/> Can Cross Street Safely | <input type="checkbox"/> Can Dial 911 |
| <input type="checkbox"/> Recognizes Danger | |

PREFERENCES

Please check your child's preferences:

- | | | | | |
|---------------------|--|---|--|-------------------------------------|
| SITUATIONS | <input type="checkbox"/> Many Choices | <input type="checkbox"/> No Choices | <input type="checkbox"/> Few Choices | |
| TEMPERATURES | <input type="checkbox"/> Warm | <input type="checkbox"/> Cool | <input type="checkbox"/> Cold | <input type="checkbox"/> Hot |
| LIGHTING | <input type="checkbox"/> Bright | <input type="checkbox"/> Dim | <input type="checkbox"/> Dark | <input type="checkbox"/> Normal |
| ENVIRONMENTS | <input type="checkbox"/> Lots of Variety | <input type="checkbox"/> Low Degrees of Change | <input type="checkbox"/> No Change | |
| | <input type="checkbox"/> Very Stimulating | <input type="checkbox"/> Moderately Stimulating | <input type="checkbox"/> Not Stimulating | |
| | <input type="checkbox"/> Noisy | <input type="checkbox"/> Moderately Noisy | <input type="checkbox"/> Quiet | |
| PREFERS TO BE | <input type="checkbox"/> Alone | <input type="checkbox"/> Small Group | <input type="checkbox"/> Large Group | <input type="checkbox"/> One on One |
| BEST ACTIVITIES ARE | <input type="checkbox"/> Highly Structured | <input type="checkbox"/> Loosely Structured | <input type="checkbox"/> Normal | |

RECREATION

Best method of assistance:

- | | | | |
|---|---|--------------------------------|---|
| <input type="checkbox"/> Pre teaching | <input type="checkbox"/> Verbal prompts | <input type="checkbox"/> Buddy | <input type="checkbox"/> Demonstrations |
| <input type="checkbox"/> Equipment/Adaptations: | | | |
| <input type="checkbox"/> Other: | | | |

- | | | | |
|----------|--------------------------------------|--|--|
| MOBILITY | <input type="checkbox"/> Independent | <input type="checkbox"/> Some Assistance | <input type="checkbox"/> Full Assistance |
|----------|--------------------------------------|--|--|
- Comments:

Please describe activities in which the participant may require special assistance:

What are your goals for your child in this activity?

Please submit this form by May 5 2023. Forms received after May 1 will not be approved. The Community Programs Coordinator will contact you regarding your accommodation.

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WHAT ACCOMODATIONS WILL BE USED?