

COMMUNITY PROGRAMS ACCOMMODATION REQUEST

Please complete this form as thoroughly as possible and return to:

E-mail: pangio.3@osu.edu • Fax: 614-292-4105

Or mail to: Adapted Recreational Sports, Department of Recreational Sports,
B106 RPAC, 337 Annie & John Glenn Avenue, Columbus Ohio 43210

PARTICIPANT INFORMATION

Name: _____ Age: _____ Date of birth: _____

Parent/Guardian Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ E-mail: _____

Parent/Guardian Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ E-mail: _____

Emergency Contact Name and Relationship (other than parent/guardian): _____

Emergency Phone: _____

Disability/Diagnosis: _____

COMMUNITY PROGRAM INFORMATION

Specific Class/Camp: _____

Date Beginning: _____ Date Ending: _____ Number of weeks: _____

Day(s): _____ Time: _____

I will be bringing an aide/assistant: Yes No

Aide/Assistant's Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ E-mail: _____

*Any aide or assistant that plans on coming in MUST be background check prior to arrival on campus.

Please allow up to four weeks to allow for this process to take place.

HEALTH INFORMATION

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

Dietary concerns: _____

Medications: _____

Type of seizure: _____

Date of last seizure: _____

Duration: _____

Warning signs: _____



COMMUNICATION

What is your child's major means of communication (signing, communications 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Withdrawn/shy	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"/>	_____
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 fears	<input type="checkbox"/>	<input type="checkbox"/>	_____
Severe fears <i>(please comment)</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Behavior plan in place	<input type="checkbox"/>	<input type="checkbox"/>	_____

(Please attach a copy or description)

SAFETY

Please check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Will stay with group | <input type="checkbox"/> Recognizes danger | <input type="checkbox"/> Can dial 911 |
| <input type="checkbox"/> Knows name and phone number | <input type="checkbox"/> Responsible for belongings | <input type="checkbox"/> Can cross street safely |
| <input type="checkbox"/> Swims independently | | |

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 |

*Recreational Sports will make every attempt to accommodate these requests, but some may not be available within certain areas

- | | | | |
|--------------|---|---|--|
| 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: Small group Large group One on one

The best activities are: Highly structured Loosely structured



RECREATION

Preferred Inclusion Specialist Gender: Male Female

Best method of assistance:

Pre teaching Verbal prompts Buddy Demonstrations

Equipment/adaptations: _____

Other: _____

Mobility:

Independent Some assistance Full assistance

Comments: _____

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

What are your goals for your child in this activity?

Accommodations you have used in the past:

Type of accommodation you are requesting (must be approved by the Department of Recreational Sports) :

Please submit this form at least two weeks before the start of your program.

The Community Programs Coordinator will contact you regarding your accommodation request.

OFFICE USE ONLY

Copies: Aide Recreational Sports Professional Staff Member File

What accommodations will be used? _____
