



SOUTH WINDSOR PARKS AND RECREATION DEPARTMENT

91 Ayers Road, South Windsor, CT 06074

860-648-6355 fax 860-648-5048

Please return to the South Windsor Parks and Recreation Department 2 weeks prior to the start of the program.

APPLICATION FOR SPECIAL ACCOMODATIONS REQUEST

The information on this form is confidential and will be used help recreation staff accommodate a child with special needs. The South Windsor Parks and Recreation Department welcomes participants with special needs and provides reasonable inclusion support services and accommodations. *Please note:* All Accommodations Requests are subject to approval by the South Windsor Parks and Recreation Department. Please attach any additional information that may be helpful.

THIS IS NOT A REGISTRATION FORM. FORMAL REGISTRATION IS REQUIRED AT THE SOUTH WINDSOR PARKS AND RECREATION DEPARTMENT TO ENSURE PARTICIPATION.

Participant's Name _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Primary Phone: _____ Other Phone: _____
Parent/Guardian's Name _____
(If participant is under age 18)

NAME OF PROGRAM: _____
• 4th R participants please complete: SCHOOL: _____ AM: _____ PM: _____ AM/PM: _____
• Camp participants please complete: CAMP: _____
Sessions: _____ Before Care _____ After Care _____

PRIMARY DISABILITY: _____

Please explain your child's special need(s) as well as hints and suggestions that could help us accommodate your child as best we can while attending our programs. Please include any physical limitations.

Mobility and Assistive Aides: (Please check all that apply)

____ Power Wheelchair ____ Crutches ____ Assistive Hearing devices
____ Manual Wheelchair ____ Braces ____ Glasses
____ Scooter ____ Assistive Animal Other (please list) _____
____ Walker ____ Communication Board _____

Is special transportation needed for field trips? Yes ____ No ____
If yes, please explain: _____

Does your child require any medication throughout the day? Yes ____ No ____
If yes, please explain medication procedure: _____

DAILY LIVING SKILLS (Please check the response/box accordingly)

	Independent	Requires Verbal Prompting or Direction	Requires Physical Assistance
Walking			
Eating/Drinking			
Utilization of Toilet			
Dressing/Undressing			
Transferring to Seat			
Washing Hands and Face			
Please List Additional Assistive Areas Below:			

If necessary, please use the following space to further explain the level of assistance needed.

SOCIAL BEHAVIOR (Please check the response/box accordingly)

	Most Always	Requires Some Verbal Prompting	Requires Verbal Prompting At All Times
Feels Secure in New Situations			
Follows Directions			
Interacts Well with Peers			
Has No Difficulty with Self Control			
Has No Difficulty with Short Attention Span			
Please List Additional Social Behaviors Below:			

If necessary, please use the following space to further explain the level of assistance needed in relation to social behavior.

SENSORY ISSUES: (Please check the response/box accordingly)

<i>Has Difficulty with:</i>	Most Always	Sometimes	Never
Hearing			
Vision			
Speech			
Fine Motor Skills			
Gross Motor Skills			
Gait/balance			
Please List Additional Difficulty areas below:			

If necessary, please use the following space to further explain the level of assistance needed in relation to sensory issues.

RELEASE OF INFORMATION (Pertaining to participants under age 18, please fill out if applicable): I give permission for the South Windsor Parks and Recreation Department and the Staff of his/her school system to share information regarding my child's needs as it relates to his/her participation in various recreational programs.

Parent or Guardian Signature

Date

Please enter child's age: _____
 grade: _____

School: _____
 Teacher: _____

**ALL SPECIAL REQUESTS ARE SUBJECT TO APPROVAL
 BY PARKS AND RECREATION DEPARTMENT**

FOR OFFICE USE ONLY

Approved accommodations (if any) _____

 Parks and Recreation Department Staff

 Date