



CARD

Chico Area Recreation & Park District

Accommodation Request

This form is intended to assist in identifying reasonable accommodations which may be beneficial for successful participation.

Program Ready:

To support the success and safety of individuals registered in recreation programs, it is important that participants are indeed program ready. To assist in determining if a person is "program ready", the following criteria have been developed:

- Participant can participate either independently or with reasonable accommodations
- Participant is age appropriate
- Participant interacts and participates in a manner that is physically and emotionally safe for themselves and others
- Participant can participate in self-care routines (toileting, feeding, etc.) independently

Initial: _____

The accommodation request form must be submitted at least four weeks prior to the program start date. This assessment expires one year from date of assessment or in the event of significant change.

The information provided is all accurate and to the best of my knowledge.

Signature:

Date:

PLEASE COMPLETE AS THOROUGHLY AS POSSIBLE. THANK YOU!

PARTICIPATION INFORMATION

(To be completed by parent/guardian if participant is under 18)

Name: _____ Date of birth: _____ Grade: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Parent/Guardian (if applicable): _____ Phone: _____

Email: _____

Has the participant previously participated in CARD? Yes No

If yes, what program: _____

What program are you (or the participant) interested in? _____

Are you/the participant in:

Special Education Classroom

General Education Classroom with support (from a 1:1 Paraprofessional) General

Education Classroom (independently, w/o support from a 1:1 Para)

Out of school

Social (please check all that apply)

Shows interest in others

Will play/interact cooperatively with others

Is tolerant of others, not easily agitated or annoyed

Can listen and follow directions

Is aware of safety concerns (traffic, hot stoves, sharp objects, strangers, etc.)

Will sit quietly to watch a program, movie, etc.

Can identify and take responsibility for personal belongings

Additional information: _____

Recreational (please fill out to the best of your ability)

Please identify any interests the participant has:

Community	Outdoors	Wellness	Education	Hobbies	Creative	Physical
Traveling (ex.)	Fishing (ex.)	Yoga (ex.)	Math (ex.)	Dancing (ex.)	Painting (ex.)	Tennis (ex.)

Mobility Skills (Please fill out completely)

Do you/the participant walk independently? YES NO

If no, please identify any mobility devices used or assistance needed: _____

Do you/the participant use a wheelchair? YES NO

If yes, is a wheelchair lift required? YES NO

If no, please describe your/the participants transfer technique: _____

Restroom Skills (Please fill out completely)

Wears attends/depends

Indicates the need to use the restroom

Uses the restroom with verbal prompting

Uses restroom independently

Washes hands independently

Medical Information (Please fill out completely)

Please list any diagnoses: _____

Do you/the participant) have seizures? YES NO

If yes, please indicate what type of seizures and please describe: _____

Date of most recent seizure: _____

Does anything trigger the seizures? _____

Allergies (Include food/medication/other)? _____

Any other medical concerns: _____

Activity Information (Please fill out completely)

Do you feel your child requires one to one supervision? YES NO

Are there any areas of concern related to health/social regarding activities? _____

How can CARD best accommodate you/the participant? Please be as detailed as possible.

Are you/the participant a client of Far Northern Regional Center? YES NO

If yes, who is your Service Coordinator? Name: _____

Phone: _____ Email: _____

Please return to the Inclusion Program at CARD:

Bkaiser@chicorec.gov

Phone: 530-924-4263