



## Accommodation Request Form

If you or your child has special needs and you are requesting any type of accommodation for a participant, you must complete and submit this form **at least fifteen (15) business days** prior to the start of the activity or program. Once a request is received, you will be contacted by a CARD staff member to further discuss the needs of the participant.

Date \_\_\_\_\_ Participant Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender: Male Female Other

Name of Parent/Guardian(s) \_\_\_\_\_

Relationship to the participant \_\_\_\_\_

Contact number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Has the participant previously participated in a CARD program? Yes No

If yes, what program? \_\_\_\_\_

Program wishing to participate in:

Name of Program \_\_\_\_\_

Location \_\_\_\_\_ Date(s) of program \_\_\_\_\_

Yes No

Is the child in a: Self-contained classroom (Special Day Class)

Mixed classroom

General education classroom

Description/ Definition of Disability:

Yes No

ADHD/ADD

Yes No

Diabetes

Yes No

OCD

Asperger's

Emotional

Oppositional Def. Disorder

Autism

Hearing Impairment

Physical

Behavioral

Intellectual Disability

Seizure Disorder

Cerebral Palsy

Learning

Visual Impairment

Other \_\_\_\_\_

Severity of Disability:      Mild              Moderate              Severe

What accommodations are you requesting?

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Do you have services through Far Northern Regional Center?      Yes              No

Other provider \_\_\_\_\_

If yes, please provide the case worker's name and contact information.

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Please email this form to Melissa Pasquale at [mpasquale@chicorec.com](mailto:mpasquale@chicorec.com), or mail it to the address listed below. **Please note, this form must be completed and submitted at least fifteen (15) days prior to the start of the activity or program.**