



# Inclusion Support Request Form



If you are requesting any type of accommodation for your child, you must submit a **written request form** at least **15 business days prior** to the start of the program. Once a written request is received, you will be contacted to schedule an assessment meeting to further discuss the needs of your child.

Name of child \_\_\_\_\_ Age of child \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

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

Preferred Phone \_\_\_\_\_ Email \_\_\_\_\_

Program wishing to participate in:

Name of program \_\_\_\_\_

Location of program \_\_\_\_\_

Dates of program \_\_\_\_\_

Has your child previously participated in a City of Mesa Parks, Recreation & Community Facilities program?

- Yes  No

Description / Definition of child's special needs:

- Autism  Diabetes  Oppositional Defiant Disorder (ODD)
 ADHD  Emotional  OCD
 Asperger's  Hearing Impairment  Seizure Disorder
 Behavioral  Intellectual Disability  Visual Impairment
 Cerebral Palsy  Physical Disability

Additional Comments

\_\_\_\_\_

\_\_\_\_\_

What specific accommodation(s) are you requesting for your child?

- Adaptation or modification of instruction or program equipment
 Sign Language Interpreter
 Age Override
 Lower Ratio
 Specific Behavior Plan
 Not sure - Please contact me to discuss
 Other \_\_\_\_\_

Please email this form to [Lane.Gram@mesaaz.gov](mailto:Lane.Gram@mesaaz.gov) or mail to:

City of Mesa PRCF, Attn: Lane Gram
Mail Stop 7010, PO Box 1466
Mesa, AZ 85211