



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 or mail to:

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