City of Moorpark, Recreation Division

PARTICIPANT ACCOMMODATION INFORMATION SHEET

The City of Moorpark, Recreation Division encourages individuals with special needs to register for recreation programs. We will make reasonable accommodations to facilitate the participation of an individual with special needs. Please complete this form to provide us with an understanding of the accommodations that may be needed, as well as special needs/disability awareness information for facilitating participation.

Part I: General Information

Participant Name: _____ Date of Birth: _____ Gender: _____

Parent/Guardian Name: _____ Relationship:_____

Address: _____ City/Zip:_____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Part II: Special Needs and Accommodation Information

1. Please indicate (mark all that apply):

☐ ADD/ADHD	☐Mobility Impaired	☐ Epilepsy	☐ Emotional Disturbance
☐ Asperger's	☐ Hearing Impaired	☐ Cerebral Palsy	☐ Learning Disability
☐ Autism	☐ Vision Impaired	☐ Diabetes	☐ Other: _____

2. Please describe accommodations used at school or home: _____

_____

_____

3. Please describe the accommodations you are requesting for this program: _____

_____

_____

4. Please list recreation or camp experiences in the past year and any accommodations that were provided.

Program	Dates Attended	Accommodations

_____

_____

_____

5. Does your child use assistive devices? If so, please describe: _____

_____

6. Please list some preferred activities, toys or books. _____

_____

_____

7. Please describe behavior management strategies utilized at home or school (i.e. key words, visual cues, hand cues, structured choices, etc.) _____

_____

8. Please list any triggers or situations that may escalate behaviors, and provide calming/de-escalating strategies that work at home or at school. _____

_____

_____

Check each statement that best applies; provide additional comments where appropriate.

Communication

____ Able to fully communicate needs/wants

____Has difficulty communicating needs/wants (describe: _____)

____Communicates with gestures, signs or non-verbal behavior, or sign language

____Uses a communication device (describe: _____)

Information Processing:

____Responds appropriately to verbal questions

____Needs time to respond to questions (how long: _____)

____Does not respond to verbal questions

____Needs combined visual/auditory/tactile presentation

Ability to Follow Directions:

____Can follow multiple verbal directions

____Can follow simple verbal directions with no prompting

____Needs occasional redirection

____Needs consistent redirection to complete activity

____Needs visual demonstrations to follow directions

Relationship to Authority:

____Accepts and works well with authority figures

____Occasionally questions authority (describe: _____)

____Openly defiant of authority and/or direction (describe: _____)

____Clings to authority figures, prefers staff to peers

Social Behaviors

____Appropriate social interactions

____Withdrawn

____Inappropriate social behaviors (describe: _____)

Attention / Processing:

____Has ability to focus attention in all settings

____Has difficulty with external stimuli (describe: _____)

Physical Activity

____Able to participate fully in physical activities

____Able to participate in limited activities (describe :_____)

____Requires assistance to participate in activities (describe :_____)

Hygiene

____Able to use toilet without assistance

____Requires assistance to use toilet (describe :_____)

____Wears diaper

Part III: School Structure (for participants attending school)

1. Does your child have a one-on-one aide at school? ___ Yes ___No

2. Will an aide attend this program along with your child? ___ Yes ___No

3. Is your child in a: special day class___ pull-out program___ mainstreamed general education classroom___

4. Does your child attend extended day or after school programs? ___Yes ___ No

Part IV: Comments and Signature

Additional Comments or Information:

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

- Staff Use Only -

Form reviewed by: _____ Date: _____

Accommodations approved? ___ Yes ___ No ___ Partial: _____

Date participant parent/guardian contacted: _____

Staff Signature: _____

Notes: _____

_____

_____

_____