

Request for Inclusive Services

Participant Name: _____ Date of Birth: _____

Current School: _____ Grade: _____ Age: _____

Address: _____

Phone #: _____ Additional Phone #: _____

Email Address: _____

Program Enrolled In: _____

Program Dates/Times/Location: _____

Disability (check all that apply)

- ADD/ADHD
- Autism/Asperger's
- Hearing Impairment
- Vision Impairment
- Spinal Cord Injury
- Cerebral Palsy
- Developmental Delays
- Down Syndrome
- Emotional/Behavioral Disorders
- Other, explain: _____

Assistive Devices Used (check all that apply)

- Wheelchair
- Walker
- Cane
- Service Animal
- Other, explain: _____

Describe the support/modification you are requesting: _____
