Seattle Parks & Recreation

Form A – ACCOMMODATION

PRESCHOOL, SCHOOL-AGE CARE, TEEN PROGRAMS

ARC

Inclusion for Children with Disabilities
(To be completed when ePACT record or E-13 form identifies a disability)

Please fill in ALL information below that relates to your child / teen that has been diagnosed. This is confidential information, which will be in the child's file and used only to assist staff in meeting the needs and determining what is appropriate for your child including identifying additional resources.

Please NOTE – The Parent or Guardian of child enrolling must meet with the Program Director and Special Populations Manager before the child can start attending the program.

PLEASE PRINT:

Site / Center Name:					
Participant Name:					
Gender: ❑ Male ❑ Female ❑ _____		Birthdate:		Age:	

Please check each item that relates to your child:

❑ Autism Spectrum	❑ Hearing Impairment	❑ Physical Disability
❑ Behavior Disorder	❑ Learning Disability/ADD/ADHD	❑ Sensory Processing
❑ Developmental Disability	❑ Mental Disability	❑ Visual Impairment
	Type:_____	❑ Other: _____

❑ Other and/or Health Concerns: (Please explain)

My child has been diagnosed by: _____
(Name of Physician, Psychologist, etc. who provided the diagnosis)

School Child Attends:		**Teacher:**	

❑ Self-Contained Class ❑ Resource Class ❑ Other: _____

Professional Service (Case Worker, Therapist, etc.):	❑ Yes *(If yes, continue below)* ❑ No		
Name of Agency:			
Name of Professional:		Phone:	

Is your child taking medication? ❑ Yes ❑ No

If yes, please fill out the Medication Information and Treatment Authorization form – Form B. Site staff can provide form.

Is your child self-toileting?	❑ Yes ❑ No*

*Children in pullups should be considered non-self-toileting.

The Preschool / School Age Care / Teen program does not have the capacity to provide an individual toileting/changing program. Arrangements would need to be made by the parent/guardian to provide this service.

Please provide other suggestions and special accommodations that may help us in providing a quality, safe recreation experience for your child. (Attach additional sheets if needed).

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Parent/Guardian Name (please print):			
Parent/Guardian Signature:			
Primary Phone:		Secondary Phone:	
Email:		Date:	

Staff Use Only

Copy to ARC Program Director	❑ Yes ❑ No
Copy to Special Populations Program Manager	❑ Yes ❑ No
Copy to Child's File	❑ Yes ❑ No