



Reasonable Accommodations Questionnaire

This form is intended to assist in identifying reasonable accommodations and/or support services which may be beneficial for successful participation in programs and activities provided by the Cordova Recreation & Park District. To assist us in meeting your needs, we require that requests for reasonable accommodation be made a minimum of three (3) weeks prior to the program or activity start date.

Please complete as thoroughly as possible – Thank you!

PARTICIPANT INFORMATION

Name _____ Date of Birth ____/____/____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Emergency _____

Email _____ School Grade (if applicable) _____

Parent/Guardian Name (if applicable) _____

Primary Phone _____ Cell _____ Emergency _____

Are there any functional limitations or medical concerns that may affect participation? (i.e., food/medication allergies, orthopedic or mobility devices, hearing aids, physical activity restrictions, special diets, communication assistance, social interactivity, sensory issues)

Does the participant need assistance with their medications? Yes _____ No _____

Describe assistance required:

RECREATIONAL INTERESTS

Outdoors (hike/swim)	Physical (bowling/golf)	Wellness (yoga/dance)	Educational (language/reading)	Hobbies (cooking/music)	Creativity (painting/sewing)
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Are there any recreation activities the participant is interested in learning?

What types of programs or activities has the participant registered for in the past? Either with Cordova Recreation & Park District or with another agency?

What types of reasonable accommodations has the participant used to participate in programs or activities in the past; either with Cordova Recreation & Park District or with another agency?

SOCIAL BEHAVIORS *(Please check all that apply)*

<div>Shows interest in others</div>	<div>Will sit quietly to watch a movie or game</div>
<div>Will interact cooperatively with others</div>	<div>Can identify and take responsibility for personal belongings</div>
<div>Is tolerant of others, not easily agitated</div>	<div>Is aware of safety concerns (i.e., staying with group, identifying strangers, sharp objects, hot stoves)</div>
<div>Can listen and follow directions</div>	<div>Knows name, address, phone number</div>
<div>Is comfortable in unfamiliar settings</div>	

Please describe any areas of difficulty for the participant (i.e., running away, hyperactivity, depression, aggressiveness, temper tantrums):

COMMUNICATION SKILLS *(Please check all that apply)*

<div>Speech</div>	<div>Sign Language</div>
<div>Reading Lips</div>	<div>Computerized Device (e.g., text to speech)</div>
<div>Communication Board</div>	<div>Other <div></div></div>

Are there any suggestions or recommendations that you may have for staff to assist the participant in communicating their needs?

MOBILITY SKILLS

Does the participant walk independently? Yes _____ No _____

If no, please identify any mobility devices used or assistance needed

Does the participant stand independently? Yes _____ No _____

If no, please identify any limitations on standing for consecutive minutes and devices or assistance needed

If the participant uses a wheelchair, is a lift required? Yes _____ No _____ Please explain: _____

Is the participant able to use the restroom on their own? Yes _____ No _____

If no, please describe the level of assistance that the participant requires

Are there any other mobility restrictions or concerns that staff should be aware of? _____

Based upon your personal knowledge and experience with the participant, do they require one-on-one supervision?

Yes _____ No _____

(Level of supervision will be determined by supervisory staff responsible for programming)

Additional comments or information *(Please feel free to attach additional sheets if needed):*

This questionnaire expires one year from the date of submittal or in the event of a notable change with the participant. At no time may a participant or parent/guardian terminate reasonable accommodations while attending a District program or activity without consulting.

Participant Signature

Date

Parent/Guardian Signature (if applicable)

Date