

## Assessment and Accommodation Request

### PARTICIPANT INFORMATION:

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Grade/ Gender \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone #2 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

First time participating in McCall Recreation Program? Yes  No

Activity Interested in: \_\_\_\_\_

Dates/ Times: \_\_\_\_\_

Location: \_\_\_\_\_

### HEALTH INFORMATION:

Primary Disability: \_\_\_\_\_

Secondary Disability: \_\_\_\_\_

Does the participant have seizures? Yes  No

Will the participant be taking medications during the program? Yes  No   
Note: Staff/volunteers will not administer medication at any time

Does the participant have allergies? Yes  No   
If yes, please explain

Is the participant independent in toileting? Yes  No   
Note: Participants needing assistance with toileting, feeding, or dressing must make personal arrangements to provide assistance

Activity restrictions, special diets or other medical concerns \_\_\_\_\_

<b>MOBILITY:</b>			
Does the participant use a device for mobility?	No device	Manual wheelchair	Power wheelchair
Walker	Other		
<b>COMMUNICATION/ INTERACTION:</b>			
How does the participant communicate?	Verbal/speaks clearly	Verbal/speech is difficult to understand	
Gestures/ points	Uses sign language	Uses a communication board/schedule/pictures	
Other			
Comments			
Understands what is said to him/her?	Yes	No	
Able to clearly express needs to others?	Yes	No	
How does the participant interact?	Initiates social interaction	Socializes with prompts	Avoids social interactions
Comments			
Is the participant able to follow directions?	Yes	No	
	If no, please describe possible strategies		
<b>RECREATION ACTIVITIES:</b>			
Likes:			
Dislikes:			
<b>GOALS:</b>			
Reason(s) for participating- check all that apply			
Physical activity	Socialization/friendships	Skill development	Motor development
Creativity	Fun		
Specific goals parents/guardians/participants would like to work on			
Describe the accommodations being requested and any additional information that will assist staff in providing a successful experience for the participant			

**Form Completed By:**

The City of McCall welcomes the opportunity to provide accommodations to people with disabilities so that full participation in recreation programs, classes and services may be enjoyed by all. We support the Americans with Disabilities Act. If you or a family member requires an accommodation to participate in a program, please contact Recreation Supervisor Tara Woods, at least two weeks prior to the start date at 208-634-8968 (wk. office) 208-634-6594 (wk. cell) or email at [twoods@mcallid.us](mailto:twoods@mcallid.us). Reasonable accommodations are based on individuals' needs and abilities. Services, such as sign language interpreters, enhanced staff/participant ratio, adaptive equipment, etc. can be provided with at least **two weeks advance notice** of the program start date. When registering for a program, please inform us if accommodations are needed.

**Participant Personal Needs**

Volunteers and staff are not prepared to handle significant personal care needs (including but not limited to toileting, feeding, administering medications, etc.). Individuals with these needs will need to provide their own support and inform the recreation supervisor at the time of registration.

**Participant Behavior Standards**

Behavior issues can be a part of many disabilities. The City of McCall will make every attempt to accommodate the aspects of individuals' disabilities. Please alert the office at 208-634-8968 in advance regarding issues of concern so that we can work together to ensure a positive, safe experience for participants, volunteers and staff.