



INCLUSION REQUEST FORM

Americans with Disabilities Act (ADA) Statement

The City of Portland Parks, Recreation and Facilities Department (the Department) is committed to providing interested participants equal opportunities and access to its recreation programs. The Department, as part of its mission, provides inclusive programming in an open and welcoming atmosphere. Qualified individuals with a disability seeking an accommodation in order to participate in the Department's programs are asked to complete this questionnaire and submit it to the Department in order for the Department to determine whether it can support the requested accommodation(s).

Please submit the following form to the contact person and address at the end of this form to request a modification for program participation. The individual must be registered for the class/activity before making an accommodation request.

The request must be made ten (10) business days (Monday-Friday) before the start of the activity. (Fields marked with an (*) Must be filled in.)

SECTION 1: PARTICIPANT INFORMATION (REQUIRED INFO)

Name*: _____ **Gender:** _____ **Age:** _____ **Date of Birth:** _____
Mailing Address*: _____ **City:** _____ **State:** _____ **Zip:** _____
Contact Person*: _____
Email Address*: _____ **Phone*:** _____ **Fax:** _____
Activity/Program you are registering for: _____ **Today's Date:** _____

SECTION 2: PARENT/GUARDIAN CONTACT INFORMATION (REQUIRED INFO)

Parent/Guardian*: _____ **Phone*:** _____
Address*: _____ **Email Address*:** _____
Parent/Guardian*: _____ **Phone*:** _____
Address*: _____ **Email Address*:** _____

SECTION 3: ACCOMMODATION REQUEST / PARTICIPANT INFORMATION

Has the participant ever used Inclusion Services with Portland Recreation before? YES / NO
 If yes, when and what was the activity: _____
 What are the participants primary needs for inclusion - What specific accommodation(s) are you requesting for your child?

 Are there any safety/behavior concerns for the participant in this activity? YES / NO
 Does your child have a current Behavior Plan? YES / NO
 If yes, would you be willing to share this information so we can plan for your child's needs? YES / NO Initial: _____

SECTION 3: (CONTINUED)

Participant's current medications that may impact their participation --If medication is to be administered,
a **Medication Management Form** must be filled out.

NAME OF MEDICATION	PURPOSE OF MEDICATION	DOSAGE	TIME OF DAY MEDS. ARE GIVEN	SIDE EFFECTS

Medical Information and/or History:

- Allergies
- Balance challenges
- Been exposed to or has a contagious or infectious disease
- Food restrictions
- Physical challenges
- Seizures Type: _____ Describe: _____
- Sensory challenges
- Service animal
- Walker
- Wheelchair
- Other: _____

Does your child have an Individualized Health Plan? YES / NO

If yes, would you be willing to share this information so we can plan for your child's needs? YES / NO Initial: _____

Please explain any applicable behavior needs:

1.) Describe the participant's recreation goals: _____

2.) Describe the participant's strength _____

3.) Describe the participant's likes: _____

SECTION 3: (CONTINUED)

4.) Describe any unusual fears or concerns: _____

5.) Please identify the participants supervision needs:

- Close supervision - staff in close proximity
- Small group
- Eye sight

6.) Does participant express physical or verbal aggression towards others? If yes, please explain. _____

7.) Does participant express physical or verbal aggression towards self? If yes, please explain. _____

8.) Describe any triggers that may upset the participant (i.e., loud noises, lights being shut off, large groups, water).

9.) Please describe any teaching strategies or supports that will help to facilitate the participant's active engagement in the program.

Please check any applicable statements about the participant and explain, if necessary.

- Needs assistance eating/drinking.
- Needs assistance toileting.
- Needs dressing/undressing.
- Needs assistance communicating.
- Needs assistance to walk or move wheelchair.
- Needs assistance transferring from wheelchair.
- Needs assistance with reading / writing / hand skills.
- Needs assistance in using money.
- The participant may run away from the group.
- The participant may wander away from the group.
- What method of communication does the participant use?
 - Words and short sentences
 - Sign language
 - Picture system
 - Communication device
- The participant uses hearing aids / cochlear implant.
- Has precautions for heat / cold / pain.
- Needs assistance in orientation to people / places /times.
- List any known limitations for recreation activities: _____

SECTION 3: (CONTINUED)

Please check any applicable statements about the participant and explain, if necessary.

- Does the participant know how to swim? YES / NO
- Does the participant wear a life jacket while in the swimming pool? YES / NO
- Does the participant need assistance with swimming pool entry and exit? YES / NO

If yes, please explain how best to support him/her. _____

List any activities that might cause anxiety or an unwillingness to participate (e.g. large spaces, loud noises, water, animals, touch. Etc.)

Is there anything else you would like to share? _____

SECTION 4: ACKNOWLEDGMENT, AGREEMENTS & RELEASE

I, the undersigned, state that I am the parent(s), legal guardian and/or caregiver of the participant.

ACKNOWLEDGMENTS:

I understand:

- My completion of this form does not guarantee that my child/dependent will be provided the accommodation(s) requested in this form. This form is intended to initiate the interactive process consistent with the ADA to determine potential reasonable accommodations the Department can provide for qualified individuals with a disability.
- This service is not therapeutic in nature or specifically designed to offer one-on-one care.
- The inclusion aide or staff person does not dictate the structure of the program, and should I have any concerns about the structure of the program, I should contact Rose Cronin, at 207-808-5437
- It is my responsibility to provide the Inclusion Services Specialist with the most current information about my child/dependent and his/her abilities. This information helps to assist in making modifications to meet his/her needs.
- It is my responsibility to let the Inclusion Specialist know if there are any changes in the information that I have provided about my child/dependent as soon as a change occurs. This includes health, behavior, medication or related care concerns.
- It is my responsibility to inform the Inclusion Service Specialist that I wish to have his/her modifications in place for each program my child/dependent signs up for at least 10 days in advance of the beginning of the program for which he/she is registered.
- My child's/dependent's inclusion plan (Individual Recreation Plan) does not exempt him/her from following the recreation program rules and consequences as outlined in the Department's Code of Conduct and Behavior Rubric. The modifications in place may assist him/her in meeting these rules but does not exempt him/her from following them.
- If my child/dependent is unable to comply with these rules, even with the use of modifications including an aide in place, he/she will be subject to the Recreation Department's disciplinary procedures.
- Parent conferences, probationary periods and suspensions are some steps that may be taken to ensure children/dependents and their families are kept informed and that the participation in the program/activity may be in jeopardy. In some cases, participants may be subject to emergency suspension or expulsion if their behaviors are beyond the ability of the program staff to control or beyond the scope of the program.

City of Portland
Parks, Recreation and Facilities Management
212 Canco Road Suite A, Portland ME 04103
Main Office: 207-808-5400
Rose Cronin: 207-874-8874 or 207-808-5437



SECTION 4: (CONTINUED)

AGREEMENTS & RELEASES

I hereby state that I am voluntarily allowing my/our participant to participate in Portland Parks, Recreation & Facilities programs, and that I recognize that there are certain risks and dangers inherent in their participation in this type of activity.

I understand the Portland Parks, Recreation and Facilities Department cannot and does not guarantee or insure the safety of my/our participant. I am willing to assume any risk, on behalf of myself/ourselves alone, of personal injury or property damage to my/our participant in order to allow him/her/self to participate in this program, except that caused by the sole negligence of Portland Parks, Recreation & Facilities. I therefore release Portland Parks, Recreation & Facilities its officials, administrators, employees and agents from all liability, claims and causes of actions arising or in any connected with my/our participation in the above-named program except that caused by the sole negligence of Portland Parks, Recreation & Facilities.

I hereby freely and voluntarily authorize Portland Parks, Recreation & Facilities to request and obtain emergency medical care from such medical care provider as is immediately available in any situation which department employees or agents determine such care is required.

I certify that the above information that I provided is true and correct, and that I have read the above consent to participate and hold harmless agreement and agree to all the terms and conditions of this agreement.

Parent/Guardian Signature: _____ Date: _____

Please PRINT Parent/Guardian Name: _____

RETURN FORM TO:
PORTLAND PARKS, RECREATION & FACILITIES
212 CANCO ROAD SUITE A, PORTLAND ME 04103
ATTENTION: ROSE CRONIN
RC@PORTLANDMAINE.GOV
207-808-5437