

Hunt Club Farm
Inclusion Support Services
Initial Inclusion, Accommodation, Special Needs Request Form

Program Information

Sessions Registering For: _____

School: _____ Grade Level: _____

Personal Information

Participant Name: _____

Age: _____ Date of Birth: _____

Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred contact method: _____ What is the best time to reach you? _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Contact Information

Communication between the Camp Director, Inclusion Specialist and Participant/Parent/Guardian is of the utmost importance in the success of accommodation. ***The developed plan will not be implemented without your written consent.*** Please provide your email address below.

Email Address: _____

General Questions

Has the participant ever been in this program?

Has the participant ever been in a program similar to this one before? (please give name below)

Has the participant ever used any Inclusion Support Services before?

Other program(s): _____

Dates of other program(s): _____

FOR YOUTH PARTICIPANTS

What type of accommodations are used while participating in Physical Education classes and during lunch?

Does the participant take medication(s)? If yes, please provide a list in the area to the right.

Medication(s)

Will he/she need to take medication(s) during the program? If yes, please provide information regarding any special procedures to the right.

Special Procedure Information

Side effects that may prevent participation in program (sun sensitivity, over heating, etc.):

Has a medication form been submitted with the registration paperwork?

***** Please keep us informed of any medication changes*****

Disability Information

Disability type (please check all that apply)

Physical Emotional Developmental Intellectual

What are the participant's restrictions that may need to be accommodated?

Activities of Daily Living

	Independent	Needs Assistance	Needs Full Assistance	What specific kind of assistance is needed?
Dress/Undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility (running, walking, jumping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transferring from wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Communication

What is the participant's primary means of communication? (Clear speech, uses gestures, uses sign language, etc.)

Participant Behavior

Please describe the participant's general behavior and moods (i.e. happy, shy, cautious, etc.)

When upset, how does the participant usually respond? (please check all that apply)

Walks away Talk/tell staff Take time to calm down Wanders/leaves group Destroys property
 Physically harms self Is aggressive towards others Uses profanity or negative words Verbally aggressive

Other (please provide details)

Please describe the participant's typical reaction to the following:

Changes in routine

How should staff respond?

Noise level or sudden loud noises

How should staff respond?

A lot of visual stimulation

How should staff respond?

Does participant have specific fears or phobias?

How should staff respond?

Has the participant taken part in inclusive programs/settings before? If yes, please describe what settings and what accommodations, if any were in place below.

Settings/Accommodations:

Socialization/Activities
(Please check all that apply)

<input type="checkbox"/> Prefers to be part of a group	<input type="checkbox"/> Prefers to be alone	<input type="checkbox"/> Needs encouragement to join group	<input type="checkbox"/> Prefers small group activities (less than 10)
<input type="checkbox"/> Prefers large group activities (10 or more)	<input type="checkbox"/> Adjusts well to new surroundings	<input type="checkbox"/> Difficulty in new surroundings	<input type="checkbox"/> Enjoys fast paced activities
<input type="checkbox"/> Enjoys moderate paced activities	<input type="checkbox"/> Enjoys slow paced activities	<input type="checkbox"/> Enjoys sports activities	<input type="checkbox"/> Enjoys crafts/board games

Inclusion, Accommodation & Special Needs Request Acknowledgement & Release
(each check box is required and acknowledges that you have read and understand the information -
PLEASE READ CAREFULLY - ONCE ACKNOWLEDGED, THIS CANNOT BE UNDONE)

I agree to release the information from my child/dependent's IEP (Individualized Education Plan) and provide a copy of his/her IEP to Hunt Club Farm's Inclusion Specialists

I understand that the programs are recreation based and are not designated for therapeutic or one-on-one care

I understand that the Inclusion Specialist does not dictate the structure of the program, and should I have concerns about the structure of the program I should contact the Camp Director

I understand it is my responsibility to provide the Inclusion Specialist with the most current information on my child/dependent

I understand it is my responsibility to let the Inclusion Specialist know if there are any changes to the information I have provided regarding my or the participant's disability, restrictions and accommodations as soon as a change occurs

I understand that it is my responsibility to submit a written request form for each program that the participant signs up for in which accommodations are necessary

I understand that it may take up to 14 days to have the accommodation in place and that I or the participant will begin the program once the accommodation is in place ****In certain cases it may take longer if additional medical information is necessary**

I understand that the participant's accommodation plan does not exempt him/her from following Hunt Club Farm's Summer Camp program rules and consequences. The agreed accommodations may assist him/her in meeting these rules, but does not exempt him/her from following them

I understand that if I or the participant is unable to comply with these rules, even with use of the agreed accommodations in place, he/she will be subjected to Hunt Club Farm's disciplinary procedures. A graduated discipline process is used including meetings and suspensions. In some cases, participants may be subject to emergency suspension or expulsion if their behaviors are beyond staff's ability to control

Additional
Comments/
Information

Printed Name: _____

Parent/Guardian
signature & Date: _____

**After digitally signing and saving this document, please forward a copy to the Inclusion Services team at
office@huntclubfarm.com**