



## Accommodation Request Form

Please complete this request form as completely as possible. OVparks staff will review the form and reach out to discuss possible next steps. *Requests may take up to 2 weeks to be reviewed.*

### Basic Information

1. Participant First Name: \_\_\_\_\_
2. Participant Last Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City: \_\_\_\_\_
5. State: \_\_\_\_\_
6. Zip Code: \_\_\_\_\_
7. Phone Number: \_\_\_\_\_
8. Email Address: \_\_\_\_\_
9. Participant Date of Birth: \_\_\_\_\_
10. Parent/Guardian Name (if different): \_\_\_\_\_
11. Parent/Guardian Email (if different): \_\_\_\_\_
12. Program registered for: \_\_\_\_\_

### Select accommodation request needed:

- Needs assistance following directions
- Needs visual aids
- Needs more time transitioning
- Needs motivation for less favorable activities
- Needs personal aide present
- Needs staff awareness of accommodation
- Behavior Support Plan
- Other (see below)

### 13. Additional Accommodation Request Information\*

*Please provide details of the accommodation you are requesting including any other requests that were not mentioned above.* \_\_\_\_\_

\_\_\_\_\_



## Behavior and Communication

1. Check all that apply:

- Comprehends and Communicates Verbally
- Has limited Verbal Communication Skills
- Initiates Conversation with Others
- Maintains Personal Space of Self and Others
- Easily Transitions Between Activities
- Runs away from Supervision/Activities
- One-on-One Assistance/Supervision Needed
- Minimal Assistance/Supervision Needed
- Self-regulates Aggression/Frustration
- Aggressive Towards Self
- Aggressive Toward Others

2. When specific behaviors occur, how can staff help the participant? \_\_\_\_\_

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3. Please use the space provided to disclose any triggers or signs staff should be aware of before a behavior or situation occurs.

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4. Are there specific words, verbiage, language that is used at home or school that Staff can use to ensure continuity between home and program? \_\_\_\_\_

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Parent/Guardian Signature      Date