

If you are requesting any type of accommodation for your child, you must submit a **written request form** at least **21 days prior** to the start of the program. Once a written request is received, you will be contacted to schedule an assessment meeting to further discuss the needs of your child.

Date _____ Name of child _____ Age of child _____

Name of Parent (s) _____ Home Phone _____

Cell Phone _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Program wishing to participate in: _____

Name of Program/Location of Program _____

Dates of program _____

Has your child previously participated in a Department of Parks and Recreation Program?

YES NO

Description/Definition of Child's Special Needs

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Asperger's | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Learning | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Behavioral |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> OCD |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emotional | <input type="checkbox"/> Oppositional Def. Disorder | <input type="checkbox"/> Other
information |

Additional

What specific accommodations are you requesting?

Please e-mail this form to Veronica Laughman at vlaughman@pwcgov.org or mail to:

Veronica Laughman, ADA Coordinator
Birchdale Recreation Center
14730 Birchdale Avenue
Woodbridge, VA 22193