



## Program Accommodations for Special Needs

The information in this form will be used to help program coordinators and instructors meet the needs of the participant in the following program(s):

\_\_\_\_\_

All information will be kept confidential. If you have questions, please contact [recaccommodations@silverthorne.org](mailto:recaccommodations@silverthorne.org).

Participant Name (Last, First): \_\_\_\_\_

Parent Name (Last, First): \_\_\_\_\_

Address (City, State, Zip Code): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

I would like to be contacted to discuss this questionnaire.

1. What abilities or health conditions should the program coordinator know about in order to provide the best possible experience to the participant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What accommodations, if any, does the individual need to participate in the programs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the participant have limitations with fine/gross motor skills (such as grasping, manipulating objects, walking, throwing or jumping)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the participant have any difficulty communicating? If so, please describe (includes use of sign language, or alternative communication tool):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the participant have difficulty listening to and following directions? If so, please provide recommendations for helpful practices.

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6. Does the participant exhibit any behaviors that might interfere with programming (non-compliance, hitting self or others, or tantrums)?

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7. Is the participant currently on a behavior management plan? If yes, please describe:

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8. What type of reinforcement and/or rewards work best to keep the participant motivated and focused?

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9. Is there any other information you would like to share that may be helpful with including this participant in our programs.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent's signature required for all participants less than 18 years of age.**