

Request for Modification- Minor

Please complete as thoroughly as possible. Assessment process can take 7-14 days, which means your child may not be able to attend until after assessment process is complete. Return form at any PRCA front desk or email to kettprca@ketteringoh.org

Date Form Completed / /

Participant Information – to be completed by Participant/Parent/Guardian

Participant _____ Date of Birth ____/____/____ Age _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail address _____

Program Information (name of program, location, date program begins)

Information

Your answers to the questions below will help City staffs, so we can make participation safe and enjoyable. City staff may reach you to clarify your answers or gather more information.

Please describe your child's classroom:

<input type="checkbox"/>	Self-Contained Classroom	<input type="checkbox"/>	Supported in the General Education Classroom
<input type="checkbox"/>	General Education Classroom	<input type="checkbox"/>	Home School

Disability Information as Diagnosed by a Physician: (Place a check next to each that applies to the participant and/or write in any disabling condition not listed).

<input type="checkbox"/>	Autism Spectrum	<input type="checkbox"/>	Attention Deficit Disorder	<input type="checkbox"/>	Deaf/Hearing Impairment
<input type="checkbox"/>	Down Syndrome	<input type="checkbox"/>	Speech Impairment	<input type="checkbox"/>	Blind/Vision Impairment
<input type="checkbox"/>	Spina Bifida	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Cystic fibrosis	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Seizure disorders	<input type="checkbox"/>	Severe allergies	<input type="checkbox"/>	Behavior Disorder
Other (Please Identify Type): _____					

Who made this diagnosis? _____

On what date was this diagnosis last updated? _____

Name of Child's School _____ School Phone _____

Name of Teacher _____ Teacher email _____

In school, my child has these supports:

___ behavior plan ___ paraprofessional aide ___ OT/PT/ST

___ other (please briefly describe) _____

I, _____, authorize the teacher of my child, named _____, to release information about my child to Kettering Parks, Recreation, and Cultural Arts.



Parent or Guardian Signature

Notice

The City of Kettering understands the Americans with Disabilities Act requirements. We invite participation by people with disabilities, alongside people without disabilities, in our programs, sites, and facilities.

We want you to begin the program on time. The sooner we know about you, and how we can support you in our programs, the more likely you will start the program on time. However, if delays in communication occur, we will delay the start of program participation. **Please REGISTER EARLY AND SUBMIT THIS REQUEST FORM EARLY!**

Assessment

Once we have received this request form, you will likely be contacted so an interview can be arranged. This important step allows us to make a plan to support your participation. You can help by giving City staffs more time. **Please REGISTER EARLY AND SUBMIT THIS REQUEST FORM EARLY.**

To make a plan for participation, it may be necessary to meet with you and gather more information. We will do so as quickly as possible, and ask for your cooperation in arranging to meet as soon as is possible.

ADA Coordinator

The City of Kettering's compliance with the Americans with Disabilities Act requirements are coordinated by the Compliance and Inclusion Manager. To reach the Compliance and Inclusion manager, email anna.breidenbach@ketteringoh.org or call 296-2439.

FOR STAFF USE ONLY

Date request received: ___/___/___

Request received: ___ by fax ___ at facility ___ online ___ by mail ___ by phone

Name of employee receiving request: _____

RESET FORM