Serving Beaverton and the westside since 1955.

Tualatin Hills Park & Recreation District

Attn: Specialized Recreation Program Coordinator
Elsie Stuhr Center, 5550 SW Hall Blvd., Beaverton, OR 97005
Phone: 503-629-6342 Fax: 503-629-6347

Request for Inclusion/Accommodation

Participant Name:_____Date:_____Age:_____

Address:_____ City:_____ Zip Code:_____

Phone (home):_____ (work):_____ (cell):_____

Best time to call for parent/participant interview: _____

Email Address:_____

Parent/Guardian Name (if applicable):_____

Describe the nature of the participants' disability or medical condition: (i.e. ADD, ADHD, Bipolar, Autism):_____

_____

Has individual participated in THPRD recreation programs before? ☐ Yes ☐ No

Qualified individuals with disabilities who wish to participate in THPRD programs & activities and who need accommodation are invited to present their requests by filling out this Inclusion Support Request form and returning it to the Elsie Stuhr Center, preferably two (2) weeks prior to the start date of ANY program activity.

Name of Activity/Class:_____ Activity/Class #:_____

Program Supervisor:_____ Name of Instructor:_____

Location:_____ Days/Dates of Class:_____ Time:_____

Re-application reminder: Requests must be completed & updated each quarter to keep information current & to ensure Inclusion Assistant availability.

Acknowledgement Release

- I agree to release the information from my child/dependant's IEP (Individualized Education Program) and provide a copy of his/her IEP to Tualatin Hills Parks & Recreation District's Inclusion Services upon request.
- I agree to give permission to Tualatin Hills Parks & Recreation District's Inclusion Services to contact my child/dependent teacher to discuss the information given in the IEP.
- I understand that this service is not designed for day care services
- I understand that THPRD Staff does not provide personal care that includes, bath rooming, grooming & transferring.
- I understand that the inclusion assistant does not dictate the structure of the program, and should I have concerns about the structure of the program, I should contact the Program Coordinator.
- I understand that it is my responsibility to provided the Inclusion Assistant with the most current information on my child/dependant and his/her abilities to assist in making accommodation to meet his/her needs.
- I understand it is my responsibility to let the Inclusion Assistant know if there are any changes to the information I have provided on my child/dependant as soon as a change occurs.
- I understand it is my responsibility to inform the Inclusion Services for each program my child/dependent signs up for in which I wish to have his/her accommodation in place.
- I understand that my child/dependent's Accommodation Plan does not exempt him/her from following the Tualatin Hills Parks & Recreation District's rules & consequences. The

accommodations in place may assist him/her in meeting these rules, but does not exempt him/her from following them

- I understand that if my child/dependent is unable to comply with these rules, even with use of accommodations in place, he/she will be subject to Tualatin Hills Parks & Recreation District's disciplinary procedures. Parent conferences, probationary periods and suspensions are some of the steps that may be taken to ensure children & families are aware their placement in the program. In some cases, children may be subject to emergency suspension or expulsion if their behaviors are beyond our staff's ability to control.
- I understand that in case of an Inclusion Assistant emergency and if and when a Substitute Inclusion Assistant cannot be found, my child cannot attend the program.

Parent/guardian signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Park District contacted Family	☐ Yes	☐ No	Staff initials: _____	Date: _____
Fax or email copy of registration receipt and request to Specialized Recreation Program Coordinator	☐ Yes	☐ No	Staff initials: _____	Date: _____
Notify Center Supervisor, Program Supervisor and/or Program Leader	☐ Yes	☐ No	Staff initials: _____	Date: _____

Please fax to 503-629-6347, with registration receipt to the Elsie Stuhr Center, attention Leilani Galanto or email at lgalanto@thprd.org

THPRD provides accommodations for the Americans with Disabilities Act (ADA).