



Tualatin Hills Park & Recreation District
 Attn: Athletic Center
 15707 SW Walker Rd. Beaverton, OR 97006
 Email: inclusion@thprd.org • Phone: 503-629-6330

Request for Inclusion Support/Accommodation
Requests can not be processed until patron has registered for and paid for the class

Date: _____
 Participant Name: _____ THPRD ID #: _____
 Guardian Name: _____ Relation to Participant: _____
 Day Phone: _____ Cell Phone: _____ Email: _____
 Preferred language of communication: English Spanish Other:

Please describe accommodation needed (could include nature of disability):

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

Has the individual received inclusion services in the last year? Yes No

*Qualified individuals with disabilities who wish to participate in THPRD programs and who need accommodation are invited to present their requests by filling out this Inclusion Support Request form and returning it **two(2) weeks prior to the start date of ANY program activity in order to have sufficient time to schedule a staff member.***

Name of Class/Activity	Class Number (Starts with 2 Letters)	Location	Date(s)	Time(s)

Please use additional sheets if needed

- **RE-APPLICATION REMINDER:** Requests must be completed & updated each term (quarter) to keep information current & to ensure Inclusion Assistant availability.
- **PARTICIPANT/GUARDIAN RESPONSIBILITY:** Participant/Guardian is responsible for informing Inclusion Services about addition or deletions to the schedule above as soon as a change occurs. This includes class drops, late arrivals, early pick-ups, planned absences, etc.

Acknowledgment Release

- I understand that THPRD does **NOT** provide Inclusion Services for drop-in programs
- I understand that this service is **NOT** designed for day care services
- I understand that Inclusion Assistants do **NOT** provide personal care (including, but not limited to: toileting, dressing/grooming, transferring, etc.) for Inclusion Services
- I agree to release the information from the participant's IEP/ICP (Individualized Education Plan/Individualized Care Plan) and provide a copy of his/her IEP/ICP to Tualatin Hills Park & Recreation District's Inclusion Services upon request (if applicable).
- I agree to give permission to Tualatin Hills Park & Recreation District's Inclusion Services to contact the participant's care team to discuss the information given in the ICP (if applicable).
- 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 for the specific program that is being attended.
- I understand that it is my responsibility to provide the Program Specialist with the most current information on the participant and his/her abilities to assist in making accommodation to meet his/her needs. The Specialized Recreation Program Specialist will then communicate this information to the Inclusion Assistant.
- I understand it is my responsibility to let the Program Specialist know if there are any changes to the information I have provided about the participant as soon as a change occurs. The Program Specialist will then communicate this information to the Inclusion Assistant.
- I understand it is my responsibility to inform Inclusion Services of each program the participant signs up for in which an accommodation is requested.
- **I understand that the participant's accommodation plan does not exempt him/her from following the Tualatin Hills Park & Recreation District's rules & consequences including but not limited to emergency suspension or expulsion if his/her behaviors are beyond our staff's ability to control. This applies to all District programs and/or facilities.** The accommodation in place may assist him/her in meeting these rules, but does not exempt him/her from following them.
- I understand that in case of an Inclusion Assistant emergency, if and when a substitute Inclusion Assistant cannot be found, the participant may attend the program. If he/she is unable to successfully participate in the program, the established progressive discipline system will be followed. **If there is a demonstrated safety risk associated with the individual's participation, the individual may be removed from the program for the day.**

Participant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Please email request to inclusion@thprd.org or drop it off at your nearest THPRD facility.

Office Use Only			
	Date	Location	Staff Initials
Received by THPRD Staff:			
Received by Program Specialist:			