City of Maple Valley
INCLUSION REQUEST FORM

If you believe you require auxiliary aids or services, aides, or adaptive equipment to access a City of Maple Valley Parks & Recreation Department (MVPR) program, please submit this Inclusion Request Form to allison.scott@maplevalleywa.gov. The MVPR will evaluate the program(s) requested for appropriateness of participation and need for accommodations and/or adaptive equipment within a reasonable time if it does not fundamentally alter the program or impose an undue burden on the municipality. MVPR encourages participants to submit this Inclusion Request Form at least 10 business days prior to the start of the activity.

Date__________________ Participant Name ____________________________________________ Age: ____________

Name of Parent/Guardian(s) __________________________ Home Phone _________________________

Cell Phone_________________________ E-mail __________________________

Address __________________________ City __________ State ______ Zip __________

Program requesting to participate in:

Name of Program __________________________

Location of Program __________________________

Dates of program __________________________

Has the participant previously participated in a Maple Valley Recreation Program?  

Additional information

MVPR programs are open to all participants who meet the minimum eligibility requirements. You may voluntarily provide the following information, which may enable the MVPR to provide better service. This information may be used to select appropriate programs, recommendations, instructors or adaptive equipment. This information may also assist MVPR staff to help the Instructor/participant integrate into the program and offer training to respond to unwanted behaviors during the program.

Description/Definition of Disability:

☐ Autism ☐ Asperger’s ☐ ADHD/ADD ☐ Behavioral

☐ Cerebral Palsy ☐ Diabetes ☐ Emotional ☐ Hearing Impairment

☐ Intellectual Disability ☐ Learning ☐ Oppositional Def. Disorder ☐ OCD

☐ Physical ☐ Seizure Disorder ☐ Visual Impairment ☐ Other ____________

Severity of Disability ☐ Mild ☐ Moderate ☐ Severe

Describe the barriers to accessibility

____________________________________________________________________________________
What are the program goals for the participant?

☐ Improve Group Participation  ☐ Physical Fitness  ☐ Recreation Participation  ☐ Skills Enhancement
☐ Socialization  ☐ Other _________________________________

Participant’s Medical Information & History: (Maple Valley staff and contractors are not skilled health care providers)

☐ Allergies  ☐ Balance Challenges  ☐ Food Restrictions  ☐ Hearing Impairment  ☐ Needs Assistance Toileting
☐ Needs Assistance Administering Medications  ☐ Sensory Challenges  ☐ Temperature Sensitive
☐ Uses Wheelchair  ☐ Uses a Communication Device  ☐ Uses Walker  ☐ Visual Impairment
☐ Other- Please explain:
______________________________

Additional medical information______________________________

Participant has a 1:1 aide  ☐ at all times  ☐ during academic learning  ☐ lunch

☐ during vocational/manipulative tasks  ☐ self-help tasks

Bathroom Skills  ☐ Independent

☐ Toilet trained but needs prompting for hand washing

☐ Toilet Trained, occasionally has accidents and needs some prompting

☐ Currently toilet training at school and at home and needs some prompting

☐ Is not toilet trained and requires hand-over-hand assistance

Does the participant currently have an IEP or Behavior Management Plan?  ☐ Yes  ☐ No

If yes, would you be willing to share this information? __________

Interaction Skills

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, please rate the following:

<table>
<thead>
<tr>
<th>Skill</th>
<th>Rating</th>
<th>Additional Comments</th>
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<tbody>
<tr>
<td>Comprehends and learns through verbal directions</td>
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<tr>
<td>Speaks and is clearly understood</td>
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<tr>
<td>Consistently requires visual aids and modeling</td>
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to participate in activities
Requires adaptive equipment to participate in activities
Responds to inceptive/reward programs
Is sensitive to the touch of others
Can manage his/her own anger when upset
Can communicate personal needs
Will cooperate with staff and peers; shares
Stays with assigned group with minimal supervision
Becomes frustrated during recreation activities
Learns best with visual cues
Able to maintain personal space
Will require redirecting and prompting to attend to tasks
Needs assistance using & handling money
Does display aggression toward others
Does demonstrate self-injurious behaviors
Will use inappropriate language/gestures
Will obsess about particular topics
Will be able to participate in off-site field, using bus for transportation

What strategies/techniques do you find successful in redirecting or modifying unwanted behaviors?

What types of activities might cause anxiety or unwillingness to participate

- Large spaces
- Loud noises
- Touching
- Confined spaces
- Water
- Certain types of lighting. Please explain_

- Other: 

Please explain any environmental, situational, or other triggers that may upset the participant:

Describe any information that may enhance the positive behavior or safety of the participant:

Other Notes:
The MVPR may impose safety requirements for the safe operation of its programs. The following information is required to allow MVPR to operate its program safely.

Is the Participant Currently Taking Medication  □ Yes  □ No

If yes, please list below:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Purpose of Medication</th>
<th>Side Effects</th>
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Will medication need to be administered during program hours?  □ Yes  □ No

Who will administer medication to participant? ________________________

Does the participant have any allergies?  □ Yes  □ No

If yes, what type _____________________________________________________

**Acknowledgements:**

- I understand that this service is not designed for therapeutic or one-on-one care.

- The participant’s Inclusion Plan does not exempt him/her from following the MVPR Code of Conduct.

- I understand it is my responsibility to provide MVPR with the most current information on my child/dependent and his/her abilities to assist in making modifications to meet his/her needs.

- I understand it is my responsibility to let MVPR know if there are any changes to the information I have provided on my child/dependent as soon as a change occurs.

- I understand it is my responsibility to inform MVPR prior to each program my child/dependent signs up for in which I wish to have his/her modifications in place.

- I understand that my child’s/dependent’s inclusion plan does not exempt him/her from following the MVPR’s program rules and consequences. The modifications 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 the modifications in place, he/she will be subject to MVPR’s disciplinary procedures. Warnings, probationary periods and suspensions are some of the steps that may be taken to ensure participants and families are aware their placement in the program is in jeopardy. In some cases, participants may be subject to emergency suspension or expulsion if their behaviors are beyond our ability to successfully redirect.

- I understand that completing this Inclusion Request Form does not ensure registration for the activity.

Signature of Parent/Guardian: ______________________________________ Date: ________________