

INCLUSION SUPPORT REQUEST FORM

DATE _____

Please complete this form and return by email to JGregg@sandiego.gov or by mail to:

Julie Gregg, CTRS, Therapeutic Recreation Services, 3901 Landis Street, San Diego, CA 92105.

If you have any questions call (619) 236-7718.

PARTICIPANT NAME: _____ PHONE: _____

PARENT/GUARDIAN: _____ CELL/WORK: _____

EMAIL: _____

HOME ADDRESS: _____

AGE/GRADE LEVEL: _____ USE SCHOOL AIDE? YES NO

SCHOOL: _____ PHONE: _____ IEP? YES NO

REGIONAL CENTER PARTICIPANT? YES NO DIAGNOSIS: _____

USE WHEELCHAIR? YES NO

AGGRESSIVE BEHAVIOR? _____ FLIGHT RISK? _____

TOILETING NEEDS? _____

MEDICATION? YES NO MEDICATION TAKEN DURING ACTIVITY.

WHAT SUPPORT SERVICES ARE YOU REQUESTING?

Assessment of needs, goals

Inclusion Aide to facilitate peer interaction, activity participation

OTHER INFORMATION:

ACTIVITY NAME: _____ CODE: _____

LOCATION/ADDRESS: _____

DAYS - M T W TH F SA SU TIME: _____ a.m. p.m. to _____ a.m. p.m.

REQUESTED (check all that apply) START DATE: _____ END DATE: _____

Except the following dates: _____

CENTER DIRECTOR: _____ PHONE: _____

CONTRACTUAL LEADER: _____ PHONE: _____

EMAIL: _____

PARTICIPANT RELEASE

The following people have my permission to sign my child in/ out from the San Diego Park & Recreation activity.

You MAY or MAY NOT disclose information to them about my child. This form will be kept on file. Let

us know if there are any changes.

NAME	RELATIONSHIP TO CHILD	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRINT GUARDIAN NAME

GUARDIAN SIGNATURE

Please note: all attempts will be made to accommodate needs of participant, however due to staffing restraints, days and times may be limited. Request must be received at least 3 weeks prior to start of activity.

TO BE FILLED OUT BY INCLUSION STAFF

Date received: _____ Date contacted: _____

Assessment done: _____ By staff _____

Inclusion Aide _____ Confirmation sent _____

Additional comments _____

STORED ON SHARED DRIVE/ ENTIRE DEPARTMENT / INCLUSION SUPPORT