

Camp Connor
Support Needs/Accommodations Request Form

The Poland Camp Connor program will comply with the Americans with Disabilities Act and all applicable federal, state, or local laws in providing accommodations to individuals with support needs and/or disabilities. Our goal is to meet the individual needs of the child within the structure of our program.

Participant Name: _____ DOB: _____ Age: _____

Parent/Guardian Name: _____ Daytime Phone#: _____

What learning, physical, dietary, behavioral, mental health, or medical needs should the program be aware of?

Has your child been diagnosed with a condition/impairment? _____

Describe your concern and how it affects the camper's performance and ability to participate in camp and activities.

Does your child require formal accommodation or have specific support needs? (Does your child already have an IEP or 504 Plan that you would like to make the program aware of?)

List/describe the accommodations being requested (How can we help?). _____

Poland Summer Recreation staff shall make **reasonable** modifications in policies, practices, or procedures, when the modifications are necessary to afford services, facilities, privileges, advantages, or accommodations to camp participants with

disabilities and/or support needs under the Americans with Disabilities Act. An accommodation is not reasonable if in making the modifications the nature of the goods, services, facilities, privileges, advantages, or program are fundamentally altered.

Based on information gathered from this form at the discretion case-by-case, the camp director and parents/guardians will develop a written Accommodation Plan that details specific needs and strategies for the child as agreed to by all involved, and will be shared with camp staff or instructors by attaching to this form when completed after a meeting/phone call for more information if necessary.

PARENT CONSENT - By signing this form, you are giving consent for Poland Summer Recreation at Camp Connor to take the necessary steps to help determine the extent of accommodations and support needs. You also acknowledge that you have provided full and complete information to the best of your ability and understand that camp staff are relying on the accuracy of the information for the safety and participation of the child.

Signature of Parent/Guardian: _____ Date: _____