



If you are requesting any type of accommodation for your child, you must submit a **written request form** at least **two weeks prior** to the start of the program. Once a written request is received, you will be contacted to schedule an assessment meeting to further discuss the needs of your child.

Date: \_\_\_\_\_ Name of Child: \_\_\_\_\_ Age of Child: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program Wishing to Participate in: \_\_\_\_\_

Name of Program/Location of Program: \_\_\_\_\_

Dates of Program: \_\_\_\_\_

Has your child previously participated in a Parks and Recreation Department program?

(Place an 'X' next to your response.)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Description/Definition of Child's Special Needs: (Place an 'X' next to your response.)

\_\_\_\_\_ Autism

\_\_\_\_\_ Asperger's

\_\_\_\_\_ Intellectual  
Disability

\_\_\_\_\_ ADHD/ ADD

\_\_\_\_\_ Cerebral Palsy

\_\_\_\_\_ Learning

\_\_\_\_\_ Hearing  
Impairment

\_\_\_\_\_ Behavioral

\_\_\_\_\_ Physical

\_\_\_\_\_ Seizure  
Disorder

\_\_\_\_\_ Visual  
Impairment

\_\_\_\_\_ OCD

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Emotional

\_\_\_\_\_ ODD

\_\_\_\_\_ Other

Additional: \_\_\_\_\_

What specific accommodations are you requesting? \_\_\_\_\_

Please email this form to Barbara Penning at [b.penning@cedar-rapids.org](mailto:b.penning@cedar-rapids.org) or mail it to:

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