



*The Natural Place  
To Be...*

# MECKLENBURG COUNTY

## Park and Recreation Department

### Therapeutic Recreation Division Program Accommodation Request

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participants Name: \_\_\_\_\_

Disability(s):  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program You Are Requesting Accommodates For: \_\_\_\_\_

**Please note: The accommodations are based on the needs of the participant and the purposes of the program.**

Type of Accommodation Being Requested (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Braille or Large Print Documents                | <input type="checkbox"/> Change in rules and policies  |
| <input type="checkbox"/> Behavior Support Plan                           | <input type="checkbox"/> Architectural Accessibility   |
| <input type="checkbox"/> Increased Supervision                           | <input type="checkbox"/> Hand Over Hand Instruction  |
| <input type="checkbox"/> Adaptive Equipment/<br>Adaptation of Activities | <input type="checkbox"/> Sign language interpreter or other<br>alternative communication devices |
| <input type="checkbox"/> Unsure / Other (please describe): _____         |  |

Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_

Preferred Means of Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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**For Staff Use**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Member Reviewing: \_\_\_\_\_

**Date: 10/22/07**

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[www.parkandrec.com](http://www.parkandrec.com)

*All services are available without regard to origin, sex, or disability*