
Inclusion Request Form

Please submit completed form to:

Juanita Williams, Inclusion Manager

juanita@sssra.org

815.806.0390 • Fax

Date _____

Program Season

Fall Winter Spring Summer

Participant Information

Participant Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____ Gender _____

Primary Disability _____

Parent/Guardian Name _____

Phone _____ Email _____

Specific Modifications _____

Park District

- | | |
|---|--|
| <input type="checkbox"/> Country Club Hills Parks and Recreation Department | <input type="checkbox"/> Olympia Fields Park District |
| <input type="checkbox"/> Hazel Crest Park District | <input type="checkbox"/> Park Forest Department of Recreation,
Parks & Community Health |
| <input type="checkbox"/> Homewood-Flossmoor Park District | <input type="checkbox"/> Richton Park Parks and Recreation Department |
| <input type="checkbox"/> Matteson Recreational Division | <input type="checkbox"/> Tinley Park-Park District |
| <input type="checkbox"/> Oak Forest Park District | |

Program Information

Program Supervisor's Name _____

Program Supervisor's Email _____

Has the family requested an Inclusion Aide?

Yes No

Has the park district contacted the parents?

Yes No

Program Title _____

If this is a sports program, please include the team schedule.

Program Location _____

Program Start Date _____ Program End Date _____

Program Start Time _____ Program End Time _____

Program Day of the Week

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Number of Participants Enrolled _____ Staff / Participant Ratio _____

Program Instructor on Site _____

Program Instructor Phone _____

Program Instructor Email _____

Type of Service or Assistance Needed from SSSRA

- | | |
|--|--|
| <input type="checkbox"/> Observations | <input type="checkbox"/> Sensory Bag |
| <input type="checkbox"/> Training | <input type="checkbox"/> iPad |
| <input type="checkbox"/> Inclusion Aide | <input type="checkbox"/> Timers |
| <input type="checkbox"/> Modified Equipment | <input type="checkbox"/> Noise Cancelling Headphones |
| <input type="checkbox"/> Sign Language Interpreter | |
| <input type="checkbox"/> Other _____ | |

Please allow 2 weeks for Inclusion Aide placement.

As always, we require all pertinent information regarding the programs so that we may inform the Aide.

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