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## 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 Accommodations \_\_\_\_\_

### Park District

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