

# Adapted Services Inclusion Request Form

Recreation Division  
City of Portland  
212 Canco Rd, Suite A  
Portland, Maine 04103  
Jane O'Connor 207-808-5437  
joconor@portlandmaine.gov



## Americans with Disabilities Act (ADA) Statement

The City of Portland Parks, Recreation and Facilities Department (the Department) is committed to providing interested participants equal opportunities and access to its recreation programs. The Department, as part of its mission, provides inclusive programming in an open and welcoming atmosphere.

Qualified individuals with a disability seeking an accommodation in order to participate in the Department's programs are asked to complete this questionnaire and submit it to the Department in order for the Department to determine whether it can support the requested accommodation(s). To request a modification to program participation, please complete the following inclusion request form and submit it to the contact person listed at the end of this form. The individual must be registered for the class/activity before making an accommodation request.

**The request must be made ten (10) business days (Monday-Friday) before the start of the activity. (Fields marked with an (\*) must be filled in.)**

## PARTICIPANT INFORMATION

\*Participant's Name: \_\_\_\_\_  Male  Female  Non-Binary  
\*Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ \*Contact Person: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
**Program Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

## PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_  
 Male  Female  Non-Binary

Parent/Guardian Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_  
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parks,  
recreation  
& facilities

## MEDICAL INFORMATION AND HISTORY

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies  | <input type="checkbox"/> Balance challenges |
| <input type="checkbox"/> Physical challenges  | <input type="checkbox"/> Sensory challenges |
| <input type="checkbox"/> Service animal   | <input type="checkbox"/> Walker             |
| <input type="checkbox"/> Wheelchair   | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Food restrictions: _____   |   |
| <input type="checkbox"/> Been exposed to or has a contagious or infectious disease: _____ |   |
| <input type="checkbox"/> Seizures Type _____ Describe: _____                              |   |

### Does the participant require the use of:

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> EpiPen           | Allergic to: _____ |
| <input type="checkbox"/> Inhaler / Asthma | Allergic to: _____ |
| <input type="checkbox"/> Glucagon         |                    |

Does your child have an Individualized Health Plan?  Yes  No

If yes, would you be willing to share this information so we can plan for your child's needs?  Yes  No

Initial: \_\_\_\_\_

Current medications that may impact the participant's participation: If medication is to be **administered**, a Medication Management Form **must** be filled out.

Name of Medication	Purpose of Medication	Dosage	Time of Day Meds. Are Given	Side Effects

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## ACCOMMODATION REQUEST / PARTICIPANT INFORMATION

Has the participant ever used Inclusion Services with Portland Recreation before?

Yes

No

If yes, when and what was the activity: \_\_\_\_\_

What are the participants **primary needs** for **inclusion plan** -

What specific accommodation(s) are you requesting for your child?

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Are there any safety/behavior concerns for the participant in this activity?

Yes

No

Does your child have a current Behavior Plan?

Yes

No

If yes, would you be willing to share this information so we can plan for your child's needs?

Yes

No

Initial: \_\_\_\_\_

### Please explain any applicable behavior needs:

Describe the participant's **recreation goals**: \_\_\_\_\_

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Describe the participant's **strengths**: \_\_\_\_\_

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Describe the participant's **likes**: \_\_\_\_\_

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Describe any unusual **fears or concerns**: \_\_\_\_\_

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Please identify the participant's supervision needs:

Close supervision - staff in close proximity       Small group       Eye sight

Does the participant express physical or verbal **aggression towards others?**       Yes       No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Does the participant express physical or verbal **aggression towards Self?**       Yes       No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Describe any **triggers** that may upset the participant (i.e., loud noises, lights being shut off, large groups, getting wet, losing a game): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any **behavior strategies or supports** that will help to facilitate the participant's active engagement in the program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any **aspects of activities** that might **cause anxiety** or an **unwillingness to participate** (i.e., competitive games, gym or group games, specific physical activity or sport, taking turns, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any activity or items (i.e., toys, books, ect.) that are **motivating** to the participant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## What method of communication does the participant use?

- |  |   |
|--|---|
| <input type="checkbox"/> Words and short sentences | <input type="checkbox"/> Sign language        |
| <input type="checkbox"/> Picture system            | <input type="checkbox"/> Communication device |

## Please check any statements about the participant that are applicable:

- |   |   |
|---|---|
| <input type="checkbox"/> Needs assistance eating/drinking.                      | <input type="checkbox"/> Needs assistance using the toilet.                         |
| <input type="checkbox"/> Needs assistance dressing/undressing.                  | <input type="checkbox"/> Needs assistance communicating.                            |
| <input type="checkbox"/> Needs assistance in using money.                       | <input type="checkbox"/> Has precautions for heat / cold / pain.                    |
| <input type="checkbox"/> Needs assistance to walk or move wheelchair.           | <input type="checkbox"/> Needs assistance transferring from wheelchair.             |
| <input type="checkbox"/> The participant may run away from the group.           | <input type="checkbox"/> The participant may wander away from the group.            |
| <input type="checkbox"/> The participant uses hearing aids / cochlear implant.  | <input type="checkbox"/> Needs assistance in orientation to people / places /times. |
| <input type="checkbox"/> Needs assistance with reading / writing / hand skills. |   |

Please explain, if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## List any known limitations for recreation activities:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Does the participant know how to swim?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the participant wear a life jacket while in the swimming pool?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the participant need assistance with swimming pool entry and exit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain how best to support her/him: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like to share? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## ACKNOWLEDGMENT, AGREEMENTS & RELEASE

### PLEASE READ CAREFULLY!

I, the undersigned, state that I am the parent(s), legal guardian and/or caregiver of the participant. ACKNOWLEDGMENTS: I understand:

- My completion of this form does not guarantee that my child/dependent will be provided the accommodation(s) requested in this form.
- This form is intended to initiate the interactive process consistent with the ADA to determine potential reasonable accommodations the Department can provide for qualified individuals with a disability.
- This service is not therapeutic in nature or specifically designed to offer one-on-one care.
- The inclusion aide or staff person does not dictate the structure of the program, and if I have any concerns about the structure of the program, I should contact the Inclusion Supervisor, at 207-808-5437
- It is my responsibility to provide the Inclusion Supervisor with the most current information about my child/dependent and her/his/their abilities. This information helps to assist in making modifications to meet her/his/their needs.
- It is my responsibility to let the Inclusion Supervisor know if there are any **changes in the information** that I have provided about my child/dependent **as soon as a change occurs**. This includes health, behavior, medication or related care concerns.
- It is my responsibility to submit the inclusion request form no less than 10 business days prior to the start of the desired program.
- My child's/dependent's inclusion plan (Individual Recreation Plan) **does not exempt** her/him/them from following the recreation program rules and consequences as outlined in the Department's Code of Conduct and Behavior Rubric. The modifications in place may assist her/him/them in meeting these rules but does not exempt her/him/them from following them.

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- If my child/dependent is unable to comply with these rules, **even with the use of modifications** including an aide in place, she/he/they will be subject to the Recreation Department's disciplinary procedures.
- Parent conferences, probationary periods and suspensions are some steps that may be taken to ensure children/dependents and their families/guardians are kept informed and that the participation in the program/activity may be in jeopardy.
- In some cases, participants may be subject to emergency suspension or expulsion if their behaviors are beyond the ability of the program staff to control or beyond the scope of the program.

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## AGREEMENTS & RELEASES

I hereby state that I am voluntarily allowing my/our participant to participate in Portland Parks, Recreation & Facilities programs, and that I recognize that there are certain risks and dangers inherent in their participation in this type of activity.

I understand the Portland Parks, Recreation and Facilities Department cannot and does not guarantee or insure the safety of my/our participant. I am willing to assume any risk, on behalf of myself/ourselves alone, of personal injury or property damage to my/our participant in order to allow him/her/them/self to participate in this program, except that caused by the sole negligence of Portland Parks, Recreation & Facilities. I therefore release Portland Parks, Recreation & Facilities its officials, administrators, employees and agents from all liability, claims and causes of actions arising or in any connected with my/our participation in the above-named program except that caused by the sole negligence of Portland Parks, Recreation & Facilities.

I hereby freely and voluntarily authorize Portland Parks, Recreation & Facilities to request and obtain emergency medical care from such medical care provider as is immediately available in any situation in which department employees or agents determine such care is required.

I certify that the above information that I provided is true and correct, and that I have read the above consent to participate and hold harmless agreement and agree to all the terms and conditions of this agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please PRINT Parent/Guardian Name: \_\_\_\_\_

### RETURN FORM TO:

Portland Parks, Recreation and Facilities Management  
212 Canco Road, Suite A, Portland, Maine 04103  
ATTENTION: JANE O'CONNOR, Inclusion Supervisor  
JOCONOR@PORTLANDMAINE.GOV  
207-808-5437