



Assessment and Accommodation Request

Name of Participant		Date Completed	
Date of Birth	Age	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian		Home Phone	Work Phone
Emergency Contact		Home Phone	Work Phone
First time participant in a City of Reno program?		<input type="checkbox"/> YES <input type="checkbox"/> NO	



This form will be used by staff to assess needs and identify reasonable modifications, on a case by case basis, in an effort to achieve full participation. Please complete as thoroughly as possible.

This information is voluntary and confidential.

I. HEALTH INFORMATION

Place a check next to all that applies to the participant and/or write in any other conditions:

- Autism
- Attention Deficit Disorder
- Hearing Impairment
- Down Syndrome
- Mental Health Issues
- Vision Impairment
- Developmental Disability
- Cerebral Palsy
- Behavior Disorder
- Diabetes
- Spina Bifida
- Speech Impairment
- Other _____

Does participant have seizures? Yes No If yes, please indicate type _____

Date of most recent seizure: _____

Medications taken: (type, time, dosage, purpose) _____

Please Note: Staff will not administer or distribute any medication at any time.

Allergies (include food/medications/other), activity restrictions, special diets or other medical concerns: _____

II. SKILL ASSESSMENT

Please check each statement that applies to the participant.

Assistance:

Does participant walk independently? Yes No

If not, what type of assistance is required? Wheelchair Walker Other: _____

Is participant independent in toileting? Yes No

If not, what type of assistance is required? _____

Please Note: Participants needing assistance with toileting, feeding, or dressing must make personal arrangements for this assistance.

Communication:

Verbal: Yes No

If no, please indicate primary form of language? Communication board Sign language

Pictures Other _____

Understands what is said to him/her: Yes No

Able to clearly express needs to others: Yes No

Behavior:

If the participant was to become agitated, he/she is likely to exhibit:

- No behavior
- Withdrawn/shy
- Verbal aggression
- Temper tantrum
- Other _____
- Physical aggression
- Attaches self to adults
- Self injurious behavior
- Wanders/runs away

What might trigger a behavior (e.g. over excitement, crowds, certain noises, etc.) _____

Please explain any behavior management techniques used at home or school which eliminate or reduce negative behaviors:

What is rewarding for participant (e.g. verbal praise, smile, etc.)? _____

Recreation Activities:

Likes: _____

Dislikes: _____

How does the participant interact with others in new settings or with new adults/participants?

Are you receiving services through the Sierra Regional Center? Yes No

Describe the accommodation you are requesting, and any additional information you feel would assist staff in providing a successful experience for participant.

Signature of Parent/Guardian

Date