



## Reasonable Accommodations Questionnaire

This form is intended to assist in identifying reasonable accommodations and/or support services which may be beneficial for successful participation in programs and activities provided by the Cordova Recreation & Park District. To assist us in meeting your needs, we require that requests for reasonable accommodation be made a minimum of three (3) weeks prior to the program or activity start date.

Completed forms and questions can be submitted to: [customerservice@codovarpd.gov](mailto:customerservice@codovarpd.gov) or call 916-842-3300.

*Please complete as thoroughly as possible – Thank you!*

### PARTICIPANT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Emergency \_\_\_\_\_

Email \_\_\_\_\_ School Grade (if applicable) \_\_\_\_\_

Parent/Guardian Name (if applicable)  
\_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell \_\_\_\_\_ Emergency \_\_\_\_\_

Are there any functional limitations or medical concerns that may affect participation? (i.e., food/medication allergies, orthopedic or mobility devices, hearing aids, physical activity restrictions, special diets, communication assistance, social interactivity, sensory issues)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the participant need assistance with their medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe assistance required:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RECREATIONAL INTERESTS

Outdoors (hike/swim)	Physical (bowling/golf)	Wellness (yoga/dance)	Educational (language/reading)	Hobbies (cooking/music)	Creativity (painting/sewing)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are there any recreation activities the participant is interested in learning?

\_\_\_\_\_

\_\_\_\_\_

What types of programs or activities has the participant registered for in the past? Either with Cordova Recreation & Park District or with another agency?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What types of reasonable accommodations has the participant used to participate in programs or activities in the past; either with Cordova Recreation & Park District or with another agency?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SOCIAL BEHAVIORS *(Please check all that apply)*

<input type="checkbox"/> Shows interest in others	<input type="checkbox"/> Will sit quietly to watch a movie or game
<input type="checkbox"/> Will interact cooperatively with others	<input type="checkbox"/> Can identify and take responsibility for personal belongings
<input type="checkbox"/> Is tolerant of others, not easily agitated	<input type="checkbox"/> Is aware of safety concerns (i.e., staying with group, identifying strangers, sharp objects, hot stoves)
<input type="checkbox"/> Can listen and follow directions	<input type="checkbox"/> Knows name, address, phone number
<input type="checkbox"/> Is comfortable in unfamiliar settings	

Please describe any areas of difficulty for the participant (i.e., running away, hyperactivity, depression, aggressiveness, temper tantrums):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## COMMUNICATION SKILLS *(Please check all that apply)*

<input type="checkbox"/> Speech	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Reading Lips	<input type="checkbox"/> Computerized Device (e.g., text to speech)
<input type="checkbox"/> Communication Board	<input type="checkbox"/> Other _____

Are there any suggestions or recommendations that you may have for staff to assist the participant in communicating their needs?

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## MOBILITY SKILLS

Does the participant walk independently? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please identify any mobility devices used or assistance needed

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Does the participant stand independently? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please identify any limitations on standing for consecutive minutes and devices or assistance needed

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If the participant uses a wheelchair, is a lift required? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_

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Is the participant able to use the restroom on their own? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please describe the level of assistance that the participant requires

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Are there any other mobility restrictions or concerns that staff should be aware of? \_\_\_\_\_

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Based upon your personal knowledge and experience with the participant, do they require one-on-one supervision?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Level of supervision will be determined by supervisory staff responsible for programming)*

Additional comments or information *(Please feel free to attach additional sheets if needed)*:

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**This questionnaire expires one year from the date of submittal or in the event of a notable change with the participant. At no time may a participant or parent/guardian terminate reasonable accommodations while attending a District program or activity without consulting.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if applicable)

\_\_\_\_\_  
Date