



CITY OF ESCONDIDO
Community Services Department
201 North Broadway
Escondido, CA 92025-2798
(760) 839-4691

Inclusion Support Request Form for Minors

Parent/Guardian: _____ Date: _____

Participant: _____ Age: _____ Grade: _____

Address: _____ City _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Activity/Class: _____ Activity/Class #: _____

Start Date of Activity/Class: _____

Has your child participated in City of Escondido recreation programs before? Yes No

Qualified individuals with disabilities who wish to participate in City programs, services, or activities and who need accommodation are invited to present their requests by filling out this Inclusion Support Request Form and returning it to Community Services, preferably at least two (2) weeks prior to the start date of any program or activity.

1. Describe the nature of your child's disability or medical condition: (i.e., ADD, ADHD, Bipolar, Autism)

2. Does your child have any special medical needs of which we should be aware? Please explain: _____

3. Comment briefly on your child's challenging behavior including any aggressive behaviors: _____

4. Is your child a flight risk: Yes No

5. How does your child communicate: Verbally Non-verbally

6. Is your child able to listen and follow directions: Yes No

7. Is your child able to focus and pay attention: Yes No

8. Please share any other information or concerns you may have: _____

9. What support services are you requesting: (What reasonable accommodation would help your child be successful in this program, service, or activity?)

Facilitator to facilitate peer interaction and activity participation

Behavior reinforcement

Adapting activities/Special Equipment: _____

Not Sure – Please contact me to discuss

Other – Please explain: _____

Please feel free to attach additional pages as necessary.

