

LONGMEADOW PARKS AND RECREATION DEPARTMENT
735 Longmeadow Street, Longmeadow, MA. 01106
Office 413.565.4160 Fax 413.565.4165 Email customerservice@lprd.net
www.lprd.net

APPLICATION FOR SPECIAL REQUEST

The information on this form is confidential and will be used to assist with any accommodations that may be needed. Please return the completed form two weeks prior to the start of the program to the Longmeadow Parks and Recreation Department. Please feel free to attach any additional information you feel may be helpful.

THIS IS NOT A REGISTRATION FORM. FORMAL REGISTRATION IS REQUIRED AT THE LONGMEADOW PARKS AND RECREATION DEPARTMENT TO ENSURE PARTICIPATION.

Participant's Name _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian's Name _____
(If participant is under age 18)

Name of Program _____

Primary Disability: _____

Secondary Disability: _____

Mobility and Assistive Aides: (Please check all that apply)

<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Crutches	<input type="checkbox"/> Assistive Hearing devices
<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Braces	<input type="checkbox"/> Glasses
<input type="checkbox"/> Scooter	<input type="checkbox"/> Assistive Animal	Other (please list) _____
<input type="checkbox"/> Walker	<input type="checkbox"/> Communication Board	_____

Is special transportation needed for field trips? Yes No

If yes, Please Explain: _____

Daily Living Skills (Please fill out if applicable)

	Independent	Requires Verbal Prompting or Direction	Requires Physical Assistance
Walking			
Eating/Drinking			
Utilization of Toilet			
Dressing/Undressing			
Transferring to Seat			
Washing Hands and Face			
Please List Additional Assistive Areas Below:			

If necessary, Please use the following space to further explain the level of assistance needed.

Social Behavior (Please check the response/box accordingly)

	Most Always	Requires Some Verbal Prompting	Requires Verbal Prompting At All Times
Feels Secure in New Situations			
Follows Directions			
Interacts Well with Peers			
Has No Difficulty with Self Control			
Has No Difficulty with Short Attention Span			
Please List Additional Social Behaviors Below:			

If necessary, Please use the following space to further explain the level of assistance needed in relation to social behavior.

Sensory

Has Difficulty with:	Most Always	Sometimes	Never
Hearing			
Vision			
Speech			
Fine Motor Skills			
Gross Motor Skills			
Gait/balance			
Please List Additional Difficulty areas below:			

If necessary, Please use the following space to further explain the level of assistance needed in relation to sensory.

Signature of Person completing form

Date

RELEASE OF INFORMATION (Pertaining to participants under age 18, please fill out if applicable): I give permission for the Longmeadow Parks and Recreation Department and the staff of his/her school system to share information regarding my child's needs as it relates to his/her participation in various recreational programs.

Parent or Guardian Signature

Date

Please enter child's age: _____

School: _____

grade: _____

Teacher: _____

ALL SPECIAL REQUESTS ARE SUBJECT TO APPROVAL

FOR OFFICE USE ONLY

Approved accommodations (if any) _____

Assistant Director of Parks and Recreation

Date