



### Accessibility Form

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
 School \_\_\_\_\_ Fall 2018 grade level \_\_\_\_\_  
 Parent/guardian's name \_\_\_\_\_  
 Home phone \_\_\_\_\_ Work/Cell phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 How did you hear about the program \_\_\_\_\_

Please indicate which camp(s) you are interested in attending:       Lobs & Lessons       Discovery

**What is your child's diagnosed disability/disabilities? (Check all that apply)**

- ADD/ADHD
- Learning Disability
- Autism Spectrum Disorder
- Deaf/Hearing Impairment
- Blind/Visual Impairment
- Mobility Impairment
- Social/Psychological
- Traumatic Brain Injury
- Epilepsy/Seizure Disorder
- Speech/Language Impairment
- Behavior Disorder
- Developmental Disorder
- Heart, Circulatory, Respiratory Disorder
- Other \_\_\_\_\_

**The following are activities youth in our program engage in on a daily basis. Can your child engage in these freely?**

Standing	Yes	No	Swim in a chlorinated pool	Yes	No
Walking	Yes	No	Participate in a 7-8 hour day	Yes	No
Eating independently	Yes	No	Be outside in 90 <sup>o</sup> + temperatures	Yes	No
Caring for oneself	Yes	No	1-1.5 hours of physical activity	Yes	No
Interacting with others	Yes	No	Cooperative and competitive activities	Yes	No
Ability to work independently	Yes	No	Engage in a classroom setting	Yes	No
Ability to work with others on a team/project	Yes	No	Riding in a passenger van	Yes	No

Does your child have an IEP/504 Plan/BIP/accommodations in their current school?       Yes       No

Please describe your child's disability/condition and how it impacts them in a school/camp setting. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate or suggest any disability-related accommodations you would like to discuss. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**My signature acknowledges that the information in this form is true and accurate to the best of my knowledge.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Once completed, please email to:  
 cccarter@vcu.edu

