

Access and Inclusion - Information & Application

Participant Name: _____ Phone: _____
Name of Legal Guardian (if a minor): _____ Participant Age (if a minor): _____
E-Mail Address: _____ Class _____

Please answer each question so that we may create the best access for you/the participant.

1. Does Participant require one-on-one assistance? If you answer yes, please read and sign below.
() Yes* () No

I understand that LSSE and staff are making every effort to fulfill the "reasonable accommodation" request for special needs inclusion into their classes and programs. I also understand that I cannot attend class/program until I have been notified that my request has been successfully arranged.

Legal Guardian Signature

Date

2. Please indicate the nature of participant's "special need" in terms of commonly understood terminology. Is participant labeled as having CAP, Autism, deafness, cerebral palsy, ADHD or other? Please explain.
3. Does participant require physical assistance in any way to better access our programs/classes? For Example-does the participant need assistance holding a brush or making good use of an easel in a painting class? () No () N/A () Yes -please explain
4. Are there any significant communication difficulties of the participant that we should be aware of?
() No () N/A () Yes -please explain
5. Are there behavioral issues for the participant to be accommodated for in our programs/classes?
() No () N/A () Yes -please explain
6. Is there any relevant information that you can provide about participant's learning needs that will help us create a supportive environment in our programs/classes?
() No () N/A () Yes -please explain
7. Would participant benefit from prior contact with the instructor to clarify special learning supports that may not be naturally in place? () No () N/A () Yes -please explain

Permission for LSSE Special Needs Director to access information directly from the participant's education personnel:

() Yes, I give my permission for LSSE's Program Staff, to communicate with the participant's education personnel to better understand their learning style.

() No, I do not wish for LSSE to communicate with the participant's education personnel.

Legal Guardian Signature

Date

Questions? CALL Stacey Lecuire: 259-3191 Or email: lecuire@amherstma.gov

**In order to accommodate your request for special needs support, we need 3 weeks notice.*