

## Access and Inclusion – Information & Application

**Program/Class Title:** \_\_\_\_\_  
**Applicant Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_  
**Name of Legal Guardian (if a minor):** \_\_\_\_\_ **Applicant Age (if a minor):** \_\_\_\_\_

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

1. Does applicant require physical assistance in any way to better access our programs/classes? For example: Assistance needed to use or hold the brushes or making good use of an easel in a painting class? If yes, please explain.
2. Would applicant benefit from prior contact with the instructor to clarify special learning supports that may not be naturally in place? For example, special seating, lighting issues or amplification needs? Please explain.
3. Please indicate the nature of applicant's "special need" in terms of commonly understood terminology. Is applicant labeled as having CAP (Central Auditory Processing), Autism, Hearing Impairment or Deafness, Cerebral Palsy, Learning Disabilities, ADHD or other? Please explain.
4. Are there any significant communication difficulties of the applicant that we should be aware of? Please explain.
5. Are there behavioral issues for the applicant to be accommodated for in our programs/classes? Please explain.
6. Is there any other relevant information that you can provide about applicant's learning needs which will help us create a supportive environment in our programs/classes?

Below, you may choose to give us written permission to speak to the school education personnel to streamline this process by signing permission form below. The information serves us only in aiding our understanding of your child's learning needs. Issues of confidentiality are respected and information would not be shared without your express permission.

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

Yes, I give my permission for LSSE's Special Needs Director, C. A. Ezzell Floraniña, and LSSE program staff, to communicate with the applicant's education personnel to better understand their learning style.

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

**QUESTIONS?** CALL Ezzell Floraniña: 256-4068 ext. 111 Or email: [floranina@amherstma.gov](mailto:floranina@amherstma.gov)