City of Corpus Christi Parks and Recreation Department REQUEST FOR REASONABLE ACCOMMODATION

Program:	Site of Program:		
Participant's Name:	Age:		
Parent's Name:			
Phone: (Work) (Home) _	(Cell)		
What reasonable accommodation is required be			
Does participant require one-on-one staff interac	ction? YES NO		
What are the participant's physical challenges?_			
Is participant self sufficient for daily needs/personal care?			
What type of behavior issues does participant ha	ave?		
Can participant communicate verbally? Can participant follow verbal, visual, physical directions? Can participant function, with limited assistance, as a member of a large social group?			
		enrolls in a program, a new request for reasonable request for a reasonable accommodation may accommodation or delay the participant's entry is program until the request has been reviewed and working days for review. I have read (or had read to me) and understand	fundamental change in the program. Each time a participant le accommodation must be made. Failure to make a timely result in delay of the review and implementation of an into the program. Participants will be unable to attend the a determination has been made. Please allow up to five (5) the above information and the minimum requirements refore I believe that with the requested accommodation the nes.
		Date:	Date:
Participant's Signature	Physician's Signature		
Parent/Guardian's Signature (If participant is under the participant is	inder the age of 18)		
For Office Use Only: Approved by: Date:	Not Approved by:		
(Reasonable Accommodation can be made). Accommodation to be made:	Date: (Reasonable Accommodation cannot be made.) Comments:		