



GLO

Growth & Learning Opportunities

Inclusion, Accommodation & Special Needs Request Packet

Supplemental Information Packet

This packet must be turned in 30 days before the first day of participation in the program.

Our Mission

*To provide quality programming to school age children,
youth, and their families*

Inclusion, Accommodation & Special Needs Request Acknowledgement Release

I agree to release the information from my child/dependant's SFUSD IEP (Individualized Education Plan) and provide a copy of his/her IEP to GLO. Please Initial here _____

I agree to give permission to GLO to contact my child's/dependant's School teacher to discuss the information given in the IEP. Please Initial here _____

- I understand that this service is not designed for therapeutic or one-on-one care.
- I understand that should I have concerns about the structure of the program, I should contact the GLO Site Director.
- I understand it is my responsibility to provide the GLO Site Director with the most current information on my child/dependant and his/her abilities to assist in making accommodations to meet his/her needs.
- I understand it is my responsibility to let the GLO Site Director know if there are any changes to the information I have provided on my child/dependant as soon as a change occurs.
- I understand it is my responsibility to inform the GLO Site Director for each activity my child/dependant signs up for in which I wish to have his/her accommodations in place.
- I understand that my child's/dependant's Accommodation Plan does not exempt him/her from following the GLO program rules, policies and consequences. The accommodations in place may assist him/her in meeting these rules, but does not exempt him/her from following them.
- I understand that if my child/dependant is unable to comply with these rules, even with the use of the accommodations in place, he/she will be subject to the GLO disciplinary procedures. Parent conferences, probationary periods, and suspensions are some of the steps that may be taken to ensure children and families are aware their placement in the program is in jeopardy. In some cases, children may be subject to emergency suspension or expulsion if their behaviors are beyond our staff's ability to control.

Parent/Guardian
Signature & Date _____

Parent/Guardian
Print Name _____

GLO Site Director
Signature & Date (dd/mm/yyyy) _____

Date Received by
Site Director (dd/mm/yyyy) _____



Inclusion Support Services: Access to All

Growth & Learning Opportunities - GLO, welcomes individuals with disabilities to participate in all recreation programs and activities.

Reasonable accommodations are provided to enable an individual's successful participation in a program.

A 30 day notice is required to ensure appropriate accommodations. Eligibility requirements (age, level of participation) must be met in order to participate.

Please fill out all of the Supplemental Information Packet, review and sign the documents as indicated. This information should be submitted to the GLO Site Director. You will be contacted by the GLO Site Director for a follow up meeting once this packet is processed.

If you have any questions, or concerns please contact the GLO Site Director.

The GLO Administration



Assessment & Accommodation Request

Name of Participant		Date Completed	
Date of Birth	Age	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian		Home Phone	Work Phone
Emergency Contact		Home Phone	Work Phone
Has participant had an Accommodation Plan in the past? If yes, please provide name of Program and dates attended.			

This form will be used by staff to assess needs and identify reasonable modifications, on a case by case basis, in an effort to achieve full participation. Please complete as thoroughly as possible.

This information is voluntary and confidential.

I. Health Information

Place a check next to all that apply to the participant and/or write in any other conditions:

- | | | |
|---|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Behavior Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Attention-Deficit/Hyperactivity Disorder |

Does participant have seizures? Yes No If yes, please indicate type _____

Date of most recent seizure _____

Medications taken (type, time, dosage, purpose) _____

Allergies (include food/medication/other), activity restrictions, special diets or other medical concerns _____

II. Skill Assessment

Please check each statement that applies to the participant:

Does participant walk independently? Yes No

If not, what type of assistance is required? Wheelchair Walker Other _____

Is participant independent in toileting? Yes No

If not, what type of assistance is required? _____

III. Communication

Verbal Yes No

If not, what type of assistant is required? Communication Board Sign Language Pictures Other _____

Demonstrates understanding of what is said to him/her Yes No

Able to clearly express needs to others Yes No

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IV. Behavior

If the participant were to become upset, he/she is likely to exhibit:

- | | |
|---|--|
| <input type="checkbox"/> No change | <input type="checkbox"/> Physical Aggression |
| <input type="checkbox"/> Withdrawal/shyness | <input type="checkbox"/> Attaches self to adults |
| <input type="checkbox"/> Verbal Aggression | <input type="checkbox"/> Self Injurious behavior |
| <input type="checkbox"/> Temper Tantrum | <input type="checkbox"/> Wanders/runs away |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Bites |

What might trigger the above behavior? (e.g. over excitement, crowds, certain noises, etc.) _____

Please explain any behavior management techniques used at home or school which eliminate or reduce negative behavior

Are rewards used? What is rewarding for participant (e.g. verbal praise, smile, etc.) ?

V. Recreation Activities

Likes: _____

Dislikes: _____

How does the participant interact with others in new settings or with new adults/participants?

VI. School Day

Is participant in a special day class during the school day? Yes No

Is participant in an inclusion classroom during the school day? Yes No

Does participant have a one-on-one Paraprofessional during the school day? Yes No

VII. Community Agencies

Are you a current client of Golden Gate Regional Center? Yes No

Other Agency _____

VIII. Other Comments

Describe the accommodation you are requesting, and any additional information you feel would assist staff in providing a successful experience for participant.

Signature of Parent/Guardian

Name of Parent/Guardian _____

Date (dd/mm/yyyy) _____