



Central Park Board  
Explore Nature! Section

**Youth Assessment and  
Accommodation Request**

Request Date: \_\_\_\_\_  
Received Date: \_\_\_\_\_

*This form is to assist in identifying accommodations which may be necessary for successful participation.  
Please complete as thoroughly as possible.*

**Participant Information – to be completed by Parent/Guardian**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ E-Mail address \_\_\_\_\_  
Participant's School \_\_\_\_\_ Teacher's Name \_\_\_\_\_

**I Disability Information as Diagnosed by a Physician**

Place a check next to each that applies to the participant and/or write in any disabling condition not listed.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder         | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Deaf/Hearing Impairment |
| <input type="checkbox"/> Down Syndrome                    | <input type="checkbox"/> Psychiatric Disability     | <input type="checkbox"/> Blind/Vision Impairment |
| <input type="checkbox"/> Severe Intellectual Disability   | Type: _____   | <input type="checkbox"/> Physical Disability     |
| <input type="checkbox"/> Moderate Intellectual Disability | <input type="checkbox"/> Speech Impairment          | Type: _____                                      |
| <input type="checkbox"/> Mild Intellectual Disability     | <input type="checkbox"/> Spina Bifida               | Other: _____                                     |
| <input type="checkbox"/> Cerebral Palsy                   | <input type="checkbox"/> Traumatic Brain Injury     | _____  |
| <input type="checkbox"/> Learning Disability              | <input type="checkbox"/> Behavioral Disorder        | _____  |

Who has made this diagnosis? \_\_\_\_\_

Does the participant walk independently? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please identify any mobility devices used or assistance needed (wheelchair, walker, etc.). \_\_\_\_\_

Does the participant have seizures? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

If yes, please indicate type: \_\_\_\_\_

Medications taken (type, dosage, time, purpose): \_\_\_\_\_

Allergies (include food/medications/other), activity restrictions, special diets or other medical concerns: \_\_\_\_\_

**II Skill Assessment** Please a check next to each statement that applies to the participant. Use the comment section to identify additional skills needed and/or areas of difficulty.

**Eating/Drinking**

- Drinks from a cup
- Able to use straw to drink
- Able to grasp; use spoon
- Able to unwrap, open containers
- Able to open drink containers

**Bathrooming (toileting, washing)**

- Wears diaper (Attends/Depends)
- Indicates need to use toilet
- Uses toilet with physical assistance
- Uses toilet independently
- Washes hands independently

Comments/Areas of Difficulty: \_\_\_\_\_

**Communication** (please check all that apply)

- Unable to communicate needs/wants
- Communicates with gestures, signs or non-verbal behavior
- Communicates using basic sign language
- Uses 1 or 2 word statements
- Uses a communication device to communicate
- Uses partial or complete spoken sentences

Comments /Areas of Difficulty: \_\_\_\_\_

**Receptive Language** (please check all that apply)

- Recognizes own name when called
- Reacts or responds when spoken to
- Responds appropriately to 1-step directions
- Responds appropriately to 2 or 3 step directions
- Responds appropriately to directions when in a small group
- Responds appropriately to directions when in a larger group

Comments/Areas of Difficulty: \_\_\_\_\_

**Motor Coordination** (please check all that apply)

- Able to walk over uneven ground without assistance
- Able to walk up and down steps
- Able to balance themselves on hills/uneven ground
- Able to run short distances
- Able to catch a medium sized ball
- Able to grasp small objects (beads, pencil, etc.)
- Able to grip/grasp larger objects (tennis ball, racquet, etc.)

Comments/Areas of Difficulty: \_\_\_\_\_

**Social/Behavioral** (please check all that apply)

- Shows interest in others
- Will play/interact cooperatively with others
- Is tolerant of others, not easily agitated or annoyed
- Is aware of safety concerns when out in the community (traffic, staying with group, etc.)
- Will sit quietly for storytelling and animal presentations.
- Can identify and take responsibility for personal belongings
- Will play/interact cooperatively within a group

Comments/Areas of Difficulty: \_\_\_\_\_

Please identify any activities, games, hobbies, etc. that the participant enjoys, is motivated by, or has expressed interest in:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an aide/paraprofessional at school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how much time is the aide/personal assistant with your child? \_\_\_\_\_

Please describe your child's classroom? Self Contained Classroom \_\_\_\_\_

Receives Interventions in the General Education Classroom \_\_\_\_\_

General Education Classroom \_\_\_\_\_

Home School \_\_\_\_\_

How many students are in your child's classroom? What kind of structure is used in your child's classroom environment?

**Release of Information**

I, \_\_\_\_\_ (Parent/Guardian, Care Provider) hereby give my permission for you to release the information requested below for my child. In addition, I give permission for the Cincinnati Park Board to release specific information about my child to its employees who will develop and implement the inclusion support plan for my child. All information will be used to plan appropriate activities for my child.

***Please initial all methods you give permission for release of information.***

\_\_\_\_\_ IEP (Individual Education Plan) and MFE (Multi-Factored Evaluation)

\_\_\_\_\_ Children's Home of Cincinnati

\_\_\_\_\_ Completion of Teacher Questionnaire

\_\_\_\_\_ Envision

\_\_\_\_\_ Inclusion Specialist School/Program Observation

Other: \_\_\_\_\_  
Specific Name

\_\_\_\_\_ Teacher/Inclusion Specialist Phone Conversation

Other: \_\_\_\_\_  
Specific Name

**Signature of Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_**

***The assessment process can take 7-14 days, which means your child may not be able to attend the camp/educational program until after the assessment process is complete. Thank you for your patience.***