CEDAR RAPIDS
PARKS & RECREATION

If you are requesting any type of accommodation for your child, you must submit a **written request form** at least **two weeks prior** to the start of the program. Once a written request is received, you will be contacted to schedule an assessment meeting to further discuss the needs of your child.

Date: _____ Name of Child: _____ Age of Child: _____

Name of Parent(s): _____ Home Phone: _____

Cell Phone: _____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____

Program Wishing to Participate in: _____

Name of Program/Location of Program: _____

Dates of Program: _____

Has your child previously participated in a Parks and Recreation Department program?

(Place an 'X' next to your response.)

_____Yes _____ No

Description/Definition of Child's Special Needs: (Place an 'X' next to your response.)

____ Autism	____ Asperger's	____ Intellectual Disability	____ ADHD/ ADD
____Cerebral Palsy	____ Learning	____ Hearing Impairment	____ Behavioral
____ Physical	____ Seizure Disorder	____ Visual Impairment	____ OCD
____ Diabetes	____ Emotional	____ ODD	____ Other

Additional: _____

What specific accommodations are you requesting? _____

_____

_____

Please email this form to Tony Ireland at T.Ireland@Cedar-Rapids.org or mail it to:

Tony Ireland, CRPO, CPO
Recreation Superintendent
City of Cedar Rapids
City Services Center
500 15th Avenue SW
Cedar Rapids, IA 52404