



Participant Information Form

You have indicated by checking the ADA box on your program registration form that assistance may be required for your child. Please fill out this form, a staff member of the Special Recreation Association of Central Lake County (SRACLCLC) will contact you for further information.

Participant's Name: _____ Age: _____ Date: _____

Parent/Guardian Name: _____ School: _____

What is the diagnosed disability? _____

If there is not yet a diagnosed disability, is there an IEP in place at school?

- Yes No

What type of assistance is needed to participate in this program?

SRACLCLC will contact you for more information. What is the best way to reach you?

- Phone _____
 Email _____

What Happens Next?

1. The member agency will provide SRACLCLC with an Inclusion request that contains both program and participant information.
2. You will then be contacted by SRACLCLC to further discuss the needs of the participant and to set up an observation to help determine what type of support is needed.
3. SRACLCLC will work with the member agency to put the necessary accommodations in place.
4. Communication between SRACLCLC, member agency staff, and you will continue throughout the process.

Types of Inclusion Services

- Adaptive Equipment
- Program Modification
- Success Plans & Tool Kits
- Individual Staff Trainings
- Inclusion Aide

