NORTHERN WILL COUNTY
Special Recreation Association

Office Use Only
Date Received_____ Initials_____
☐ communication with family
☐ communication with member agency
☐ intake completed

NWCSRA Inclusion Request Form

Date request sent (MM/DD/YYYY): _____

Member Agency making request: Person Making Request:_____

- ☐ Bolingbrook
- ☐ Lockport
- ☐ Plainfield
- ☐ Romeoville

Participant's Name (first & last):_____

Participants Age: _____ Participants Gender: _____

Parent/Guardian's Name (first & last): _____

Phone Number: _____ Email: _____

Program Information

Name of Program: _____

Day of the week & dates program meets: _____

No Program Dates: _____

Additional Program Dates (performances, make-ups, etc.): _____

Program Times: _____

Location of Program (address & building): _____

Contact Person for Program: _____

Phone +extension: _____ Email: _____

Cell Phone: _____

The following **must** be completed for NWCSRA to consider inclusion support.

_____ : Date of phone conversation with the family to follow up with why additional assistance is being requested.

Does participant have a known disability? ☐ YES ☐ NO

-If yes, what is the diagnosis? _____

-If not, why was additional assistance requested? _____

_____

What supports or accommodations are needed to help the participant be successful in the program?

_____

_____

_____

What type of support does the individual receive in school? _____

_____

Additional notes/information from the conversation: _____

_____

_____

_____