



## Request for Inclusion Assistance

**To be completed by Park District and returned to NWSRA.**

Date of Request: \_\_\_\_\_ Park District: \_\_\_\_\_ Inclusion Coordinator: \_\_\_\_\_

**Note: If participant is new program, initial contact with parent/guardian must be completed before submitting request.**

### PROGRAM INFORMATION

Park District (PD) Contact		PD Contact Phone	
Name of Program		Program Days	
Location/Room		Program Dates	
Program Time		No Program Dates	
Head Instructor		Site Phone	

### PARTICIPANT INFORMATION

Participant		Parent/Guardian	
Birthdate		Home Phone	
Disability		Cell Phone	
Behaviors Observed			
Home Address		Email	

### FIELD TRIP INFORMATION

Event/Program Name		Event Location	
Date/Day		Event Times	
Departure From		Arrival to	

**For NWSRA Use:**

Program # - Fall: _____	Staff: _____ IO: _____
Program # - Winter: _____	Staff: _____ IO: _____
Program # - Spring: _____	Staff: _____ IO: _____
Program # - Summer: _____	Staff: _____ IO: _____