*City of Davis*
*Parks & Community Services*

# Reasonable Accommodations Questionnaire

This form is intended to assist in identifying reasonable accommodations or support services which may be beneficial for successful participation in programs and activities provided by the City of Davis Parks & Community Services Department. To assist us in meeting your needs, we require that requests for reasonable accommodation or support services be made at least three weeks prior to the program or activity start date.

*Please complete as thoroughly as possible – Thank You!*

## PARTICIPANT INFORMATION

Name _____ Date of Birth _____/_____/_____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Emergency _____

Email Address _____ School Grade (if applicable) _____

Parent/Guardian Name (if applicable) _____

Primary Phone _____ Cell Phone _____ Email Address _____

## DISABILITY DIAGNOSIS (*Please check all that apply*)

_____ Amputation
_____ Arthritis
_____ Attention Deficit Disorder
_____ Autism Spectrum Disorder
_____
_____ Behavioral Disorder
_____ Cerebral Palsy
_____ Down Syndrome
_____ Epilepsy
____ Hearing Impairment
____ Learning Disability:
_____
____ Intellectual Disability:
(mild, moderate, severe)
____ Multiple Sclerosis
____ Muscular Dystrophy
____ Psychiatric Disability
____ Spina Bifida
____ Spinal Cord Injury Level:
_____
____ Traumatic Brain Injury
____ Vision Impairment
____ Other: _____
_____
_____

Has the participant had seizures in the past? ☐ YES ☐ NO Date of most recent seizure:_____
If yes, please indicate type and describe any potential trigger for seizures (if known) _____
_____

Are there any other medical concerns that may affect participation? (i.e. food/medication allergies, orthopedic devises, hearing aids, activity restrictions, special diets)

_____
_____

## MEDICATIONS

| Name of Medication | Frequency | Amount of Dosage | Purpose | Side Effects/Contraindications |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

**RECREATIONAL INTERESTS**

| Outdoors<br>Ex: hiking/fishing | Physical<br>bowling/golf | Wellness<br>yoga/dance | Educational<br>language/reading | Hobbies<br>cooking, music | Creativity<br>painting, sewing |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Are there any recreation activities the participant is interested in learning? _____
_____

What types of programs or activities has the participant registered for in the past, either with the City of Davis or with another agency? _____
_____

**SOCIAL BEHAVIORS** (*Please check all that apply*)

_____ Shows interest in others
_____ Will interact cooperatively with others
_____ Is tolerant of others, not easily agitated
_____ Can listen and follow directions
_____ Is comfortable in unfamiliar settings
_____ Will sit quietly to watch a movie or game
_____ Can identify and take responsibility for personal belongings
_____ Is aware of safety concerns (i.e. staying with group, identifying strangers, sharp objects, hot stoves)
_____ Knows name, address, phone number

Please describe any areas of difficulty for the participant: (i.e. running away, hyperactivity, depression, aggressiveness, temper tantrums)
_____
_____
_____

**COMMUNICATION SKILLS** (*Please check all that apply*)

_____ Speech
_____ Reading Lips
_____ Communication Board
_____ Sign Language
_____ Computerized Device
_____ Other: _____

Are there any suggestions or recommendations that you may have for staff to assist the participant in communicating their needs?
_____
_____

**MOBILITY SKILLS**

Does the participant walk independently? ☐ YES ☐ NO If no, please identify any mobility devices used or assistance needed _____

If the participant uses a wheelchair, is a wheelchair lift required? ☐ YES ☐ NO
Please explain:
_____
_____

**MOBILITY SKILLS CONTINUED…**

Is the participant able to use the bathroom on his/her own? ☐ YES ☐ NO
If no, please describe the level of assistance that the participant requires _____
_____
_____

Are there any other mobility restrictions or concerns that staff should be aware of? _____
_____
_____
_____

Based upon your personal knowledge and experience with the participant, does he/she require one-on-one supervision? ☐ YES ☐ NO

(*The level of supervision will ultimately be determined by the Reasonable Accommodations Coordinator as part of the participant's Accommodation Plan)*

Additional comments or information: (*Please feel free to attach additional sheets if needed*)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**This questionnaire expires one year from the date of submittal, or in the event of a significant change with the participant. At no time may a participant or parent/guardian terminate reasonable accommodations or support services while attending a City program or activity, without consulting the Reasonable Accommodations Coordinator.**

_____ _____
Participant Signature Date

_____ _____
Parent/Guardian Signature (if applicable) Date

Please return this questionnaire to:

**City of Davis Parks & Community Services**
23 Russell Blvd.
Davis, CA 95616
(530) 757-5626
(530) 757-5666 TDD
www.cityofdavis.org