

Virginia Aquarium & Marine Science Center Program Accommodation Request Form

All sections of this form must be completed.

Participant Information		
Name	Date of Birth	Age
Camp Registered For	Dates	
Parent/Guardian	Primary Phone	Secondary Phone
Email	Preferred Contact Method	
Emergency Contact Name		
Relationship	Primary Phone	Secondary Phone
Has the participant had an Accommodation Plan with us in the past? <input type="checkbox"/> No <input type="checkbox"/> No, but I would like one <input type="checkbox"/> Yes, please continue it		
Accommodation Information		
Has the participant ever been in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A Similar Program (please name)		
Disability Type (check all that apply) <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Developmental <input type="checkbox"/> Intellectual		
What are the participant's restrictions that may need to be accommodated?		
Does the participant need assistance with any of the following?	<input type="checkbox"/> Dress/Undress <input type="checkbox"/> Eating <input type="checkbox"/> Toileting <input type="checkbox"/> Mobility (running, walking, jumping, etc.)	
What specific type of assistance is needed?		
What is the participant's primary means of communication?		
Please describe the participant's general behavior and moods.		
When upset, how does the participant usually respond?	<input type="checkbox"/> Walks away <input type="checkbox"/> Talk/tell staff <input type="checkbox"/> Take time to calm down <input type="checkbox"/> Wanders/leaves group <input type="checkbox"/> Destroys property <input type="checkbox"/> Physically harms self <input type="checkbox"/> Is aggressive toward others <input type="checkbox"/> Uses profanity or negative words <input type="checkbox"/> Verbally aggressive <input type="checkbox"/> Other (please provide details)	
Please check all that apply	<input type="checkbox"/> Prefers to be part of a group <input type="checkbox"/> Prefers to be alone <input type="checkbox"/> Needs encouragement to join group <input type="checkbox"/> Adjusts well to new surroundings <input type="checkbox"/> Difficulty in new surroundings <input type="checkbox"/> Enjoys fast paced activities <input type="checkbox"/> Enjoys moderate paced activities <input type="checkbox"/> Enjoys slow paced activities	
Please describe the participant's typical reaction to the following:		How should staff respond?
Changes in Routine		
Noise level or sudden loud noises		
A lot of visual stimulation		
Any specific fears or phobias?		

Additional Comments or Information

Acknowledgement and Release

Each checkbox is required and acknowledges that you have read and understand the information. Once acknowledged, this cannot be undone.

- I understand that the program is education based and is not designed for therapeutic or one-on-one care.
- I understand it is my responsibility to provide the Virginia Aquarium with the most current information on my child/dependent.
- I understand it is my responsibility to let the Virginia Aquarium know if there are any changes to the information I have provided regarding my or the participants disability, restrictions, and accommodations as soon as the change occurs.
- I understand that it is my responsibility to submit a written request form for each program I or the participant signs up for in which accommodations are necessary.
- I understand that the participant's accommodation plan does not exempt him/her from following program or activity rules and consequences. The agreed accommodations may assist him/her in meeting these rules but does not exempt him/her from following them.
- I understand that if I or the participant is unable to comply with these rules, even with the use of agreed accommodations in place, he/she will be subjected to disciplinary procedures.
- I understand that I may be requested to provide medical documentation if my or the participant's condition is not obvious and additional information is needed to determine what reasonable accommodations are necessary.

Parent/Legal Guardian Signature

Date

Office Use Only

Received by:

Meeting date set:

Comments: