

COUNTY OF KAUA'I: DEPARTMENT OF PARKS AND RECREATION
RECREATION PROGRAM MODIFICATION REQUEST FORM

**All information provided is confidential, and will only be used for the betterment of your child's program experience.*

** A disability is defined by law as "a physical or mental impairment that substantially limits one or more major life activities". The information you provide here will help the County of Kaua'i evaluate whether or not your child's impairment meets this legal definition of disability and qualifies for reasonable accommodation. If the answers you provide below are not sufficient to determine this, you may be asked to provide more information, including medical or other documentation if necessary.*

***After completion of this form please email to mokamoto@kauai.gov or hand deliver to Department of Parks and Recreation Attn. Melanie Okamoto Moikeha Building, 4444 Rice St. Suite 105, Lihue HI 96766**

Please print clearly

NAME OF PARTICIPANT _____ AGE _____
(Last) (First) (Middle Initial)

PARENT/GUARDIAN _____ PHONE _____
(Home) (Cell)

SITE REGISTERED AT _____

ATTENDED PROGRAM PREVIOUSLY? Yes _____ No _____ LOCATION _____

Does your child have a medical diagnosis that would affect their experience in the Program? Yes _____ No _____
If yes, please attach a note from your child's physician, an IEP, or another official form or documentation of diagnosis

Does your child receive individualized support during the school year? Yes _____ No _____
If yes, please provide the following information about the support your child has received:

TYPE _____ PROVIDER _____

NAME OF ATTENDANT/ASSISTANT _____ PHONE # _____

TYPE _____ PROVIDER _____

NAME OF ATTENDANT/ASSISTANT _____ PHONE # _____

TYPE _____ PROVIDER _____

NAME OF ATTENDANT/ASSISTANT _____ PHONE # _____

REQUEST SUPPORT (please provide details in the space provided)

My child needs support in the following areas:

- Toileting/Hygiene _____
- Behavioral _____
- Emotional _____
- Cognitive _____
- Other _____

The County of Kaua'i does not provide individual support services. If your child requires a personalized aide to attend out program, you must provide the necessary information for the County to contact the appropriate people and / or organizations at least ten (10) working days BEFORE the program begins. If this information is not provided, your child may not attend the program. If a qualified aide is not found, your child is subject to the established rules of the program, and may disciplined / released accordingly.