



Accommodation Request Form

Lee County Parks & Recreation (LCPR) encourages all individuals to participate in the leisure and recreational opportunities of their choice. LCPR complies with the Americans with Disabilities Act (ADA), which prohibits discrimination of programs, services and activities for individuals with disabilities.

LCPR is committed to providing reasonable accommodations, program modifications, and inclusion services to ensure equal access to all services, programs, and activities. To request an accommodation, please complete this form in full, and submit it along with a copy of the participant's Individual Education Plan (I.E.P.) and Positive Behavior Intervention Plan (PBIP), if applicable, to ccarsonbomtempo@leegov.com. Requests should be received as soon as possible, but no later than 5 business days prior to the start of the program.

Please Print:

_____	_____
Request Date	Name (First and Last Name) of person completing this form
_____	_____
Phone Number	Email Address:
_____	_____
Please indicate the planned date(s) of attendance	Name of LCPR Facility Attending

Please indicate if the request is made for yourself or a participant:

☐ Self ☐ Participant if other than self: _____

What program is the participant attending?

☐ Club Rec ☐ Fun Day ☐ Recreation Center Classes/Programs ☐ Guide Walks/Nature Programs
☐ Summer/Spring Break Camp ☐ Variety Club ☐ Swimming Lessons ☐ Livestock Show/Ag Expo
☐ Other: _____

What type of accommodation/modification are you requesting? _____

Please describe the reason(s) why you are requesting an accommodation. _____

Parent Consent: By signing this form, you agree to provide the necessary information, and to work with LCPR's ADA Coordinator to develop a written accommodation plan which will be utilized by LCPR staff in order to provide the most inclusive and positive environment for the above participant.

_____	_____
Parent/Guardian Signature	Date



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Complete with Lee County Parks & Recreation Staff

Participants Plan: _____

I agree and adhere to the accommodations specified in this plan. I (parent/guardian) give permission to share information provided on this form with LCPR Staff, volunteers, and other staff as necessary. I understand that this information will only be shared and used as necessary to aid in helping my child achieve full potential with their participation and that occasionally additional information on accommodations needs may be requested.

_____ Participant Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date
_____ LCPR Staff Signature	_____ Date