



# Inclusion Support Request Form for Minors

Qualified individuals with disabilities who wish to participate in City programs, services, or activities and who need accommodation are invited to present their requests by filling out this Inclusion Support Request Form and returning it to Community Services Department via email at [recreation@escondido.gov](mailto:recreation@escondido.gov) at least two (2) weeks prior to the start date of any program or activity.

## Applicant Information

Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Program Information

Program/Activity/Class: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Has your child participated in this program before?  Yes  No

If yes, what accommodations were provided: \_\_\_\_\_  
\_\_\_\_\_

## Condition/Behavior Information

Medical Condition: please explain the nature of your child’s medical diagnosis (e.g. severe allergies, diabetes, seizures):

Is medication required?  Yes  No If yes, could it be needed during the program/activity/class?  Yes  No

If yes, is the medication an EpiPen or inhaler?  Yes  No (If yes, please fill out Emergency Medication Authorization Form)

What information would you share with staff regarding prevention, signs/symptoms to watch for, and medical action plan to follow:

Behavioral Condition: (e.g. ADHD, ASD, OCD): \_\_\_\_\_ Severity?  High Functioning  
 Moderate  
 Low Functioning

Other Considerations:

- Child has a Paraprofessional/Aide  Non-Verbal Communicator  Flight Risk  Adaptive Equipment Needed
- Child has IEP/504 Plan or Other Action Plan (please provide a copy for staff)

## Behavior Management

What behavior does your child exhibit? (Select all that apply):

- Aggressive Behaviors  Non-Compliance or Defiance  Sensory-Related Behaviors  Hyperactivity or Impulsivity
- Socially Inappropriate Behaviors  Disruptive Behaviors  Difficulty with Transitions  Communication Challenges
- Repetitive or Obsessive Behaviors  Avoidance or Withdrawal  Inappropriate Use of Materials or Toys

Details: \_\_\_\_\_

What are your child’s triggers? (Select all that apply):

- Changes in Routine/Transitions  Sensory Overload (e.g. loud noises, bright lights, strong smells, texture sensitivity)
- Attention Seeking  Rigid Expectations  Overstimulation  Emotional Dysregulation  Social Challenges

Details: \_\_\_\_\_

What helps your child to prevent behavioral challenges? (Select all that apply):

- Sensory Tools or Comfort Objects     Structured Routines and Predictability     Visual Aids     Physical Movement
- Sensory Breaks     Positive Reinforcements     Clear Directions & Clarifications

Details: \_\_\_\_\_

What methods work to calm/deescalate the behavior? (Select all that apply):

- Time and Space to Calm Down     Emotion Identification     Redirection     Repeated Directions and Clarifications
- Calming Techniques, e.g. Breathing Exercises     Offer Limited Choices (for Autonomy)     Reflective Listening and Validation

Details: \_\_\_\_\_

Is your child currently on a behavior management program agreement?  Yes  No (If so, please provide a copy for staff.)

**Accommodation Request**

What reasonable accommodation would help your child be successful in the program/activity/class? \_\_\_\_\_

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Is there any adaptive equipment that you will provide? (e.g. wheelchair, crutches, sensory tools, comfort object)  Yes  No  
If yes, Details: \_\_\_\_\_

Is there any special training you recommend for staff?  Yes  No Type: \_\_\_\_\_

*I am not sure what accommodation my child would need, I would like to discuss further with staff.*

**Applicant Acknowledgment**

By signing this form, I understand and agree to the following:

- The information provided is true and correct to the best of my knowledge.
- This information will be shared with the people working with my child to meet their needs while attending the program.
- The City of Escondido Community Services Department programs are not therapeutic and do not provide one-on-one care.
- All reasonable accommodations are made in compliance with the Americans with Disabilities Act.
- All participants, regardless of accommodation are expected to exhibit appropriate behavior while attending program activities and may be subject to the Community Services Department’s Code of Conduct governing standards of conduct and the disciplinary process.
- The City of Escondido reserves the right to remove any individual from a program that may pose a danger to themselves, other participants, or staff.

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For more information or to check on your request,  
contact the Community Services Department at  
760-839-4691 or [recreation@escondido.gov](mailto:recreation@escondido.gov)**