



Parks and Recreation Department PROGRAM MODIFICATION REQUEST FORM

If you are requesting any type of modification for the participant, you must submit a **completed Inclusion Request form at least 14 business days** prior to the start of the program. Once a request is received, you will be contacted to schedule an assessment meeting to further discuss the needs of the participant.

PARTICIPANT INFORMATION

Participant Name _____ Date of Birth: _____

Program You Are Requesting Modifications For: _____

Location & Date of Program _____

Has the participant previously participated in a Parks and Recreation Program? ___ YES ___ NO

Description/Definition of Special Needs:

- Autism Asperger's Intellectual Disability Visual Impairment
- Hearing Impairment Cerebral Palsy Learning Behavioral Physical Seizure Disorder
- ADHD/ADD OCD Diabetes Emotional Oppositional Def. Disorder Other

Additional information:

What specific modifications are you requesting?

CONTACT INFORMATION

Name of Parent/Guardian (s) _____

Phone # _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Signature of Parent/Guardian: _____ Date: _____

Please e-mail this form to Geronimo Aguirre at gaguirre@newbraunfels.gov or mail to:

Geronimo Aguirre
New Braunfels Parks and Recreation
110 Golf Course Road
New Braunfels, TX 78130