

# City of Stamford Recreation Services

## Form for Children with IEP's (Individual Education Plan) or 504 Accommodation Plans

Child's Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

School attended during the 2016-2017 school year:

\_\_\_\_\_

My child has an (please check) \_\_\_\_\_ IEP \_\_\_\_\_ 504

My child's Primary Disability is \_\_\_\_\_

Please check below any accommodations or modifications that are listed in your child's IEP or 504.

\_\_\_ Behavior Intervention Plan

\_\_\_ Behavior Checklists

\_\_\_ Sensory Diets

\_\_\_ Sensory Breaks

\_\_\_ Enhanced Staffing

\_\_\_ One to One Adult Support

\_\_\_ Communication Board

\_\_\_ Communication Device

\_\_\_ Wheelchair/Walker/Braces

\_\_\_ Catheter

\_\_\_ Feeding Tube

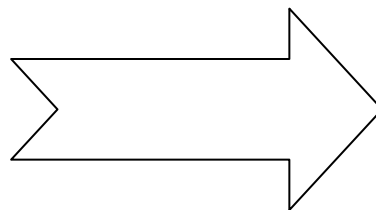
\_\_\_ Hearing Aide

\_\_\_ Assistance with toileting

\_\_\_ other

---

Please complete other side



Does your child have any medical needs? Please list below:

---

\*\*\*MEDICATION: Parents are responsible for administering any medications needed by the child. \*\*\*

Does your child have any allergies?

Parent Contact Information

Parent Name \_\_\_\_\_  
Home Number \_\_\_\_\_ Mobile Number \_\_\_\_\_  
Work Number \_\_\_\_\_

Parent Name \_\_\_\_\_  
Home Number \_\_\_\_\_ Mobile Number \_\_\_\_\_  
Work Number \_\_\_\_\_

Email Address \_\_\_\_\_

I \_\_\_\_\_ give permission for Stamford Recreation Department to contact Stamford Public Schools to request a copy and discuss my child's IEP/504.

I understand that a para cannot be assigned to my child until this form and my child's IEP or 504 are received by Recreation Services.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)