

4-H Accommodation Plan Request Form

This Accommodation Plan is for 4-H members with disabilities participating in a program. This form must be completed by parent/guardian and turned into the UF/IFAS Extension Office. The Office will maintain the original copy.

Name _____ Birth Date _____ Age (as of 9/1) _____

Phone _____ Email _____

Name of 4-H Club _____ Years in 4-H _____

Effective dates of 4-H Plan _____

4-H projects, programs, etc. the member is participating in (please list all):

Describe youth's current diagnosis and present level of needs: _____

Please list accommodations that are requested to meet the youth member's needs:

Accommodation is:

☐

Approved as is

☐

Approved with modifications
(see attached, Agent must
sign all attached documents)

Add pages as needed to adequately complete information requested on this form.

I agree to adhere to the accommodations specified in this plan. I (parent/guardian) give permission to share information provided on this form with Extension staff, 4-H volunteers and other adults as necessary. I understand that this information will only be shared and used as necessary to provide assistance to helping my child achieve full potential with his/her 4-H participation and that occasionally additional information on accommodation needs may be requested.

Parent/Guardian Signature _____ Date _____

4-H Agent Signature _____ Date _____

Member Signature _____ Date _____