

INCLUSION SERVICES REQUEST

(Revised 1/23)

To be completed by Member District Coordinator

Complete form, fax or email to, **815/459-0388 or mross@nisra.org**

DATA BASE

Participant Information

Participant's Name _____ Date: _____

Address _____ City _____ Zip _____

Parent/Guardian _____

Phone _____ Cell/Work _____ E-mail _____

Age/DOB _____ Sex _____ Diagnosis/Classification _____

Program Information

Please complete one worksheet per program in which the participant is enrolled

Program Title _____

Time _____ Days/Dates _____

Program Location _____

Instructor _____

No Class Dates (if applicable) _____

Park District/Recreation Department _____

Coordinator Completing Form _____

Phone # & Ext. _____ E-mail _____

Why is assistance requested?

Recommendation given by NISRA:

Recommendation emailed on: