UNH YOUTH PROGRAM
SUPPORT NEEDS/ACCOMMODATION REQUEST

Complete this form if there is a request for additional support for a participant in a UNH Youth Program. Refer to the Support Needs/Accommodation Process document for detailed information regarding the review and implementation process. Completing this form does not guarantee that UNH will be able to provide the requested support. Depending on the request, support arrangements and costs may be the family responsibility.

Student Name: ____________________________________________   Age: ______________

Youth Program(s) Attending: _____________________________________________________

Youth Program Dates: __________________________________________________________

Parent/Legal Guardian Name: ____________________________________________________

Form Completed By: ____________________________________________________________

Please describe the nature of the concern (i.e. learning, mental health, social, or behavioral) or condition (i.e. physical and/or medical) and how it affects the student:

Are there specific situations and/or environments that may contribute to the noted concerns appearing?

What specific support is being requested?
How will the requested support assist the student?

Are there strategies/responses currently used at school or at home that may assist our staff?

If applicable, please provide name and contact information for the following:

1. **School Contact** familiar with the student if additional support is provided during the academic year:

   Name: ________________________________  Email: ________________________________
   Title: ________________________________  Phone: ________________________________

2. **Healthcare Provider or Mental Health Professional**:

   Name: ________________________________  Phone: ________________________________
   Title: ________________________________  Practice: ________________________________

If desired, feel free to submit with this Request Form any additional information/documentation that may support the request.

I, as legal guardian for the above named student, grant permission for UNH, its employees and/or designated representative to discuss my child’s disability, learning, mental health, social, or behavioral concern, and/or physical/medical condition and/or ability to participate in the youth program with the above contacts, if necessary.

I understand that submission of this form and any supporting documents does not guarantee implementation of the requested support. I also understand that UNH may require additional information or further involvement from me as it considers the request.

I also understand that this information will be shared on a ‘need to know’ basis with UNH staff, including the program director.
Parent/Legal Guardian Name: __________________________________________________________

Parent/Legal Guardian Signature: _______________________________________________________

Date: ______________

Parent/Legal Guardian Email: __________________________________________________________

Parent/Legal Guardian Phone: _________________________________________________________

Thank you for providing this information. If necessary, UNH staff will follow up for further information and/or to confirm the support needs/accommodation request.

Please refer to our Support Needs/Accommodation Request Process document on the website for more detail regarding the review and potential implementation procedures.

Send this completed form and any supporting documents to:

Cathy Leach, Summer Youth Programs
cathy.leach@unh.edu