

**Catulpa Community Support Services
Inclusive Recreation
REQUEST FOR SERVICE**

Child's Name : _____ Dob: _____

Address: _____

City: _____ Postal Code: _____

Parent/Guardian: _____ Telephone: _____

Email: _____ Cell: _____

Consents included: Yes No

SERVICE(S) REQUESTED

Skill Building
(4-6 sessions, general or specific, to develop and enhance recreation skills that increase confidence and self esteem)

Consultation
(For individual children or programs to develop strategies to adapt or modify activities in relation to behaviour, sensory, speech, etc., to enhance and promote inclusive environments for children)

- Planning
- Participants Portfolio Development
 - Information on Programs
 - Information on Funding Options and Sources
 - Allocation of Resources eg. Inclusive Facilitator

Tell us about your child's:

Strengths: _____

Needs: _____

Diagnosis: _____

Completed By: _____ Date: _____

***The Inclusive Recreation Coordinator will contact you directly
for initial planning or discussion***