

## Muskingum County Winning 4-H Plan Request Form

This form is to request an accommodation plan for 4-H members with special needs enrolling in 4-H projects. This form must be completed by the parent/guardian and submitted to the Extension Office by **March 15** of the current year. Families are encouraged to discuss accommodations for the club setting directly with volunteers.

*Members who have previously submitted a request form do not need to submit again. Please contact the Extension Office directly to request changes for the current year. If no changes are requested, accommodations will be listed as they were the previous year.*

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age (as of 1/1) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent(s) \_\_\_\_\_

Name of 4-H Club \_\_\_\_\_ Years in 4-H \_\_\_\_\_

4-H Project(s) Youth Is Taking This Year

\_\_\_\_\_  
\_\_\_\_\_

Describe Youth's Present Level of Need and Current Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accommodations Requested to Meet Youth's Needs (*Examples: scribe needed for written work; questions/tasks need read aloud; youth may need addition time to answer questions; describe physical assistance needed, etc.*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

I agree to adhere to the accommodations specified in the W4HP. I (parent/guardian) give permission to share information provided on this form with Extension staff, 4-H volunteers; and Jr. Fair personnel, volunteers and judges. 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 project(s), and that occasionally additional information on accommodation needs may be requested.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

