



**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 may be the family responsibility, as are any associated costs.

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, 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 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.

Return this completed form and any supporting documents
to: cathy.leach@unh.edu