

Special Needs Notification Form

Privacy Statement: The Colorado 4-H Foundation and Western National Roundup (WNR) is requesting information to consider providing and/or implementing accommodations and/or adjustments to programs and activities for participating individuals with special needs. The information you provide may be shared with WNR committee members, volunteers, officials, medical personnel, and others as appropriate when considering special needs and planning and implementing 4-H programs or activities.

NOTE: This form should be completed when special consideration is requested because of any type of “special needs” situation. This may include physical, mental or learning disabilities and/or other impairments.

It is the responsibility of the individual (or parent/guardian, if under 18) to notify WNR at least 30 days before the contest is scheduled. It is the responsibility of the individual or parent/guardian to update the Special Needs Notification Form as abilities and needs change.

Name:

Birth Date:

Address:

Daytime Phone:

County:

Club(s):

Program or Activity:

1. Describe the nature of the individual’s disability or special needs (if requested, the individual (or parent/guardian) must furnish additional information, documents or a more detailed evaluation of the individual’s situation so that the need for appropriate assistance or accommodation can be evaluated.)

(Over)

2. Type of assistance or accommodation requested. (Please note: any modifications, adaptations, accommodations permitted by school-based IEP shared with MCE may be considered.)

3. If you are seeking adjustments or exemptions to rules, policies or regulations pertaining to a 4-H or MCE program or activity, specify: the program or activity; the rule, policy or regulation; and the requested adjustment or exemption.



I understand that the information on this form (and other information and documentation which may be provided in connection with it) may be shared with others in connection with the evaluation and implementation of the special needs request and in accordance with the foregoing Privacy Statement. I hereby authorize WNR to share and release such information and documentation, and I RELEASE Colorado 4-H Foundation, WNR, National Western Stock Show - NWSS, and their officers, employees, agents and volunteers from any and all liability in connection therewith.

Signature of Parent/Guardian or
Individual, if over 18 years old

Date