

# El Paso County 4-H Accommodations Request Form

Colorado State University Engagement and Extension and Colorado 4-H strive to make its programs and events accessible to all 4-H members who are otherwise eligible to participate in the activities. This applies to local and state events, programs, facilities, projects and activities. Reasonable accommodations are often possible for persons with disabilities who wish to participate, so long as granting the accommodations do not fundamentally alter the nature of the program, cause undue hardship or otherwise cause a direct threat to the health or safety of others. Each County with CSU Extension will work with the participant to identify reasonable accommodation(s) which provides access to the desired program or activity in Colorado 4-H.

Colorado 4-H recognizes that accommodations may be requested orally and in person, up to the date of the event. However, the timing and manner of a request potentially reduces county extension's ability to determine reasonable accommodation. It is strongly encouraged an individual requesting accommodation to participate in a county extension program submit the Colorado 4-H Accommodation Request Form attached and email to **Jen Loewen** at [Jennifer.Loewen@colostate.edu](mailto:Jennifer.Loewen@colostate.edu) and **Emily Green** at [Emily.Green@colostate.edu](mailto:Emily.Green@colostate.edu).

Because it can take time to plan for some accommodations, Colorado 4-H and your local Extension Office requests that the form be submitted no later than 14 days prior to the event or activity. Submitting a request for accommodation on shorter notice may reduce or limit county extension's ability to implement the accommodations. Please note that the accommodation may not be the one proposed by the participant.

## **Basic Procedures for Creating a Successful Colorado 4-H Accommodation Request:**

1. 4-H parent/guardian submits request form to their local Extension office. Request forms must be submitted in a time frame that is reasonable to consider the request and implement the approved accommodations (14 days prior to event or activity). Some requests take longer than others to implement, and it is beneficial to turn the form in as early as possible prior to the event.
2. The County 4-H professional reviews request.
3. The County 4-H professional meets with 4-H parent/guardian (and member, if appropriate) to discuss the request.
4. The County 4-H professional determines reasonable accommodations.
5. County 4-H professionals sends notification of approved accommodations to the parent/guardian.
6. The Parent/Guardian, in conjunction with County 4-H professional/Agent communicates approved accommodations with those who need to know. This could include Camp Counselors/staff, Judges, Fair Staff, Committees, particularly when the accommodation requires facility or procedural changes to a show or event.
7. The 4-H Accommodation Plan should be reviewed to discuss any changes that may be needed to the accommodation plan.



4-H Participant's Name (first & last) needing accommodation: \_\_\_\_\_

Age (as of December 31, of current year) \_\_\_\_\_ Birthdate \_\_\_\_\_ Years in 4-H \_\_\_\_\_

Parent/Guardian name (first & last) requesting accommodation on behalf of 4-H member: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Email \_\_\_\_\_

4-H Event/Activity: \_\_\_\_\_

Date of the event: \_\_\_\_\_ Time: \_\_\_\_\_

Location of the event: \_\_\_\_\_

4-H Leaders and/or people who can assist in accommodation if needed: \_\_\_\_\_

Please describe the 4-H participant's present level of needs and current diagnosis (if applicable):

Please describe accommodations or services requested to assist with 4-H member's participation (additional information may be attached if necessary):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Response Provided: \_\_\_\_\_