

## **Reasonable Accommodation Initiation Form**

If families would prefer to initiate the conversation via a third party rather than directly with the coaching staff, they can email this form to <a href="mailto:vpsafesport@metrowestforce.com">vpsafesport@metrowestforce.com</a> who can act on their behalf.

P	laver	Nan	16
	ıaveı	INAII	IE.

**Parent Contact Email:** 

Parent Phone Number:

## **Summary of Requirements:**

Privacy will be respected. It is at the discretion of the individual family as to what they share. The minimum information will be the specific needs for which accommodation is necessary.

### **Desired Accommodation:**

If known, parents can propose possible reasonable accommodations.

# **Implementation**

Who on the coaching/staff team will be informed?

Plan for communicating the accommodation to others (coaches, refs, team, officials):

Any training required (e.g., coach's understanding of the accommodation):

Timeline / start date for implementation

#### Review and Follow-Up

Scheduled date to reassess

Are desired outcomes being achieved?



I confirm that this accommodation request is necessary and that we are open to discussing alternative reasonable accommodations as required.

Signature (Parent):		
Date:		
I am willing to be an on-ice helper.	Yes	No

I confirm that the accommodation request is reasonable and that the Coaching Staff will implement it accordingly.

Signature (Team Representative):

Date: