



Reasonable Accommodation Initiation Form (EXAMPLE)

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 vpsafesport@metrowestforce.com who can act on their behalf.

Player Name: Joan Doe

Parent Contact Email: joansdad@hotmail.com

Parent Phone Number: 902.123.4567

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.

Joan has hearing deficits that make it difficult to hear direction when in a crowd. She wears hearing aids to assist.

Desired Accommodation:

If known, parents can propose possible reasonable accommodations.

When direction is given, coaching staff, at times, may need to give it one-on-one to Joan.

If it is during a game, the direction will need to be given while Joan is on the bench.

Though Joan is very good at learning by observing, coaches may have to keep a closer eye during practises to make sure that she is completing the drills correctly.

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

All Team Staff are to be made aware of this accommodation. At the start of games, Coaches will inform Referees of Joan's requirements so that they know that Joan will not be ignoring them if they are speaking to her.



Implementation is to start immediately.

Review and Follow-Up

Scheduled date to reassess

Are desired outcomes being achieved?

We will revisit on January 1st to confirm that the accommodation is achieving its desired outcome. We will then adapt accordingly.

Yes	No
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Will You Participate as On-Ice Helper?

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

Signature (Parent):

Date.

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

Signature (Team Representative):

Date: