



**Heart of Illinois
Special Recreation
Association**

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Form #6: HISRA Inclusion Request Form

HISRA provides inclusion services to participants registered for Peoria, Chillicothe, Morton or Washington park district programs. Please note that inclusion services must be requested 3 weeks prior to the start of the program for HISRA to guarantee support services.

Participant Information	Program Information
Participant Name:	Member District:
Special Need/Disability:	Program Title:
	Program Location:
Does participant use a wheelchair?	Season:
Participant Birthdate:	Day(s) of Week:
Parent/Guardian Name:	Start Date:
Phone:	End Date:
Email:	Begin Time:
Person filling out this form:	End Time:
Date Submitted:	Date(s) program does not meet:
Notable Participant Information:	Program Contact:
	Estimated Class Size:

What Support Services are being requested?

- Additional Staff
- Sign Language Interpreter/Communicator
- Adapted/Special Equipment, Please describe:
- Not Sure (If this box is checked please contact HISRA office directly)