



UNIVERSITY OF DELAWARE COOPERATIVE EXTENSION (UDCE) SPECIAL NEEDS NOTIFICATION FORM

***Privacy Statement:** The UDCE 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 UDCE employees, volunteers, officials, medical personnel and others as appropriate when considering special needs and planning and implementing 4-H and UDCE programs or activities. Information provided to UDCE may also be shared among offices within the University of Delaware and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with applicable law.*

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 the UDCE sufficiently in advance of any program or activity at which an accommodation/assistance is requested. 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 Telephone:

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 and or a more detailed evaluation of the individual’s situation so that the need for appropriate assistance or accommodation can be evaluated).

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

3) If you are seeking adjustments or exemptions to rules, policies or regulations pertaining to a 4-H or UDCE 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 UDCE to share and release such information and documentation, and I RELEASE UD, UDCE 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

It is the policy of the Delaware Cooperative Extension System that no person shall be subjected to discrimination on the grounds of race, color, sex, disability, age or national origin.