Accommodation Request Form

Colorado State University Engagement and Extension and Western National Roundup
_____ County/State strives to make its programs and events accessible to all Western National Roundup participants who are otherwise eligible to participate in the activities. This applies to local and state events/programs. Reasonable accommodation is 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. _____ County/State will work with the participant to identify reasonable accommodation which provides access to the desired program. Please note that the accommodation may not be the one proposed by the participant.

_____ County/State 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 that an individual requesting accommodation to participate in a county extension program submit this Accommodation Request Form to (insert county extension office staff), at the _____ County/State office, (insert address of office). The county extension user/guardian should also request medical documentation from the diagnosing physician or health care provider using the Verification of Disability Form and return it to the _____ County/State office.

Because it can take time to plan for some accommodations, _____ County/State 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 accommodation.

Upon receipt of the Accommodation Request Form and the Verification of Disability Form, an eligibility team will determine accommodation, and the county extension user/guardian will be invited to participate. The team may consist of people knowledgeable about the day-to-day activities of the county extension user. The participant for whom the accommodation is being requested may attend this meeting if attending is age appropriate.

People requesting accommodation will be notified of the accommodation plan within five (5) business days after the eligibility team meeting by the appropriate county extension staff member.

Name of individual participant needing accommodation: _____

Person requesting accommodation: _____

Event/Activity: _____

Date of the event: _____ Time: _____

Location of the event: _____

Type of accommodation or services requested to assist with participation (additional information may be attached if necessary):

Signature: _____ Date: _____

Contact Information

Home Phone: _____ Cell **Phone**: _____

Email: _____

....

FOR OFFICE USE ONLY

Date Received: _____ Received by: _____

Date Response Provided: _____