



## Inclusive 4-H Plan Request Form

An Accommodation Plan for 4-H Members with Disabilities

This form must be completed by parent/guardian and turned into the 4-H Professional

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age (as of 12/31) \_\_\_\_\_

Name of 4-H Club \_\_\_\_\_ Years in 4-H \_\_\_\_\_

Effective Dates of I4HP \_\_\_\_\_

4-H Project(s) Youth Is Taking This Year

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Describe Youth's Present Level of Needs and Current Diagnosis: \_\_\_\_\_

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Procedures for Club/Project leaders: \_\_\_\_\_

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Accommodations to Meet Youth's Needs: \_\_\_\_\_

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(Add pages as needed to adequately complete information requested on this form.)

I agree to adhere to the accommodations specified in this I4HP. I (parent/guardian) give permission to share information provided on this form with Extension staff, 4-H volunteers including event judges. I understand that this information will only be shared and used as necessary to provide assistance to helping my child achieve full potential with his/her 4-H project(s), and that occasionally additional information on accommodation needs may be requested.

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Parent/Guardian Signature

Date

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Club Leader Signature

Date

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Member Signature

Date

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County 4-H Professional Signature

Date