4-H Center for Youth Development
Gentry Hall
Columbia, MO 65211

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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

_____

_____

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

_____

_____

_____

_____

Procedures for Club/Project leaders: _____

_____

_____

Accommodations to Meet Youth's Needs: _____

University of Missouri, Lincoln University, U.S. Department of Agriculture and Local Extension Councils Cooperating

EQUAL OPPORTUNITY/ADA INSTUTITUIONS

(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.

Parent/Guardian Signature	Date	Club Leader Signature	Date
Member Signature	Date	County 4-H Professional Signature	Date