

City of Rockville
Department of Recreation & Parks
Program Modification Form
240-314-8620

Instructions for Parents/Guardians: Please return this form to the Recreation Department at 111 Maryland Avenue or email to registration@rockvillemd.gov prior to activity so the modification request can be reviewed.

Child's Name:	DOB:
Program/Camp(s) enrolled in:	Dates:
School:	Grade:
Parent/Guardian 1:	Parent/Guardian 2:
Main Phone #:	Main Phone #:
Other Phone #:	Other Phone #:
Email:	Email:
What modifications are being requested:	
Is there a behavior plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach.	
Describe any specific needs or conditions that your child has:	
Describe his/her limitations or any concerns you may have:	

Has your child had any exposure to group activities? If so, please explain below:

What strategies help your child succeed? What motivates your child?

If one on one assistance is needed, do you have someone to assist your child at the program?

_____ Yes _____ No If yes, name: _____

Withdrawn/Shy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physically Harms Self/Others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shows interest in peer interactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Uses Inappropriate Language/Gestures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stays with Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any fears?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Short Attention Span?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Easily Distracted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recognizes Danger?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible for Belongings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uses Appropriate Touch?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waits his/her turn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Easily Discouraged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Listens/follows directions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prefers Smaller Groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enjoys the outdoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooperates with peers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooperates with adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

OFFICE USE ONLY:

- Upon receipt of this form:
1. Utilize Rec1 to determine the child's program registrations.
 2. Distribute copies to supervisors of programs for which the child is enrolled.

Received By: _____ Date: _____

Distributed to: _____ Date: _____

Distributed to: _____ Date: _____

Distributed to: _____ Date: _____