

Georgia 4-H Reasonable Accommodation(s) Request



UNIVERSITY OF GEORGIA
EXTENSION



Name of UGA employee completing form:

Today's date:

Date UGA employee was made aware of request:

Employee email:

Name of participant needing accommodation(s):

County:

Participant Type:

Youth

Grade

Volunteer

Name of event:

Date/time of event:

Location of event:

If this participant has received an accommodation for an event/activity with Georgia 4-H previously, please list the name and date of the most recent event:

Type of accommodation(s) or service(s) requested to assist with participation:

(additional information may be attached if applicable)

Name of suggested additional caregiver attending to support the accommodation(s), if applicable:

Email of suggested additional caregiver attending, if applicable:

Please note that any additional adult attending must meet the requirements of a screened volunteer working with youth before participating in the event. For more information about ADA and Accessibility from the Equal Opportunity Office at the University of Georgia, please visit <https://eoo.uga.edu/ADA-Accessibility/>

Signature of Requesting Parent/Guardian or Adult Volunteer

Date:

Requesting Parent/Guardian or Adult Volunteer Printed Name:

Phone:

Email:

Submit this form via
email to
ga4hrequest@uga.edu
and copy your PDC.

Georgia 4-H State Review Team Use Only

Date Received:

Response to request:

Date Response Provided:

Names of Review Team Members: