

# Winning 4-H Plan Request Form

An Accommodation Plan for 4-H Members with Disabilities Taking 4-H Projects

*This form must be completed by the member's parent/guardian and submitted to their county 4-H professional. A 4-H professional will contact the parent/guardian to arrange a meeting to discuss the request in more detail.*

4-H Member's Name (first & last) \_\_\_\_\_

Age (as of 1/1/current year) \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Years in 4-H \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian Name (first & last) \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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

Name of 4-H Club Advisor(s) \_\_\_\_\_

4-H Project(s) Member Is Taking This Year:

\_\_\_\_\_  
\_\_\_\_\_

Describe 4-H Member's Present Level of Needs and Current Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accommodations Being Requested to Help Meet 4-H Member's Needs (include any special procedures the advisor would need to know):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

I agree to adhere to the accommodations specified in this W4HP. I (parent/guardian) give permission to share information provided on this form with Extension staff, 4-H volunteers; and Jr. Fair personnel, volunteers and judges. I understand that this information will only be shared and used as necessary to provide assistance to help my child with his/her 4-H project(s) and that additional information may be requested.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

