

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):

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



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
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