

# 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 parent/guardian and turned into the 4-H Professional

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age (as of 1/1 ) \_\_\_\_\_

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

Parent(s) \_\_\_\_\_

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

Effective Dates of W4HP \_\_\_\_\_

4-H Project(s) Youth Is Taking This Year

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

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

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

Procedures for Advisors: \_\_\_\_\_

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

Accommodations to Meet Youth's Needs: \_\_\_\_\_

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

(Add pages as needed to adequately complete 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 helping my child achieve full potential with his/her 4-H project(s), and that occasionally additional information on accommodation needs may be requested.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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

County 4-H Professional Signature \_\_\_\_\_ Date \_\_\_\_\_

