

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) _____

Name of 4-H Club _____ Years in 4-H _____

Effective Dates of W4HP _____

4H 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.

Advisor Signature Date

Parent/Guardian Signature Date

County 4-H Professional Signature Date

Member Signature Date

Fair Representative Signature Date

