



**Child & Youth Programs**  
**MCB Butler, Okinawa, Japan**

**Statement of Disability or Special Need**

Inclusion and participation of children and youth with a disability or special need requires proactive planning. Inclusive programs and communities are where children with and without disabilities or special needs live, learn, and play together. No child or youth who meets the basic age and eligibility requirements may, solely based on disability or special need, be excluded from CYP. Child and Youth Programs (CYP) welcome children of all abilities.

CYP is required to gather information from families about required accommodations and support for children with disabilities, medical conditions, or special needs. If a disability or special need is identified or disclosed, an Individual Support Plan (ISP) and training of staff must be completed prior to your child or youth's first day in the Program. Completing this form will assist us in determining what steps to take to meet your child or youth's level of need.

<i>Child's Name (Last, First)</i>	<i>Date of Birth</i>
<i>Parent's Name (Last, First)</i>	<i>Program (Please check ✓)</i> <input type="checkbox"/> CDC <input type="checkbox"/> SAC <input type="checkbox"/> Youth <input type="checkbox"/> Teen

Please check (✓) if your child has any of the following:

	Asthma Please indicate severity/triggers:
	Apnea
	Autism (to include PDD non-specific, Asperger's Syndrome, or any Pervasive Developmental Disorder)
	Allergies (severe allergies to bee stings, severe environmental or severe food allergies; severe is defined as "life threatening conditions occur when contact with allergen is made")
	Any chromosomal disorder such as Down Syndrome, Velo-Cardio Facial syndrome, X-chromosome disorders or a mutation of any chromosome
	Seizure Disorder Please indicate type:
	Diabetes
	(For Infants Only) Prematurity, as defined as born before 36 weeks gestation
	Developmental Disability (mental retardation)
	Developmental Delay Please check all that apply: <input type="checkbox"/> Communication or speech delay <input type="checkbox"/> Emotional delay <input type="checkbox"/> Motor/ physical skill delay
	Blood disorder such as Hemophilia. <i>Note: If child is HIV positive, do not indicate it on this form.</i> To safe guard your child's confidentiality, you may choose to reveal your child's HIV status to the director. This will aid the program in providing services to safeguard your child's health.
	Attention Deficit Disorder with or without Hyperactivity (ADD/ADHD)
	Severe Behavior Disorder (SBD)
	Obsessive Compulsive Disorder (OCD)
	Other mental health condition such as Paranoia or Schizophrenia
	Hard of hearing or deaf
	Blind
	(For Toddlers, Preschoolers and School-agers) Unable to walk (including children using a wheel chair)

	Suffered severe physical trauma, due to incidents such as, but not limited to, automobile accident, a severe fall, physical abuse.
	Suffered severe emotional trauma, due to incidents such as, but not limited to, any type of abuse, death of parent or sibling.
	Digestive Disorder Please specify:
	Respiratory Disorder Please specify:
	Chronic Heart condition
	Disorder of the spine or skeletal system such as scoliosis
	Missing limb
	Other special needs or medical conditions not listed. Please specify:
	Routine Medications Please specify:
	Required Special Care or Service(s) Please specify:
	My child has NO disabilities, special needs or diagnosed condition(s).

If your child has been identified with a disability or special need, are you currently enrolled in the Exceptional Family Member Program (EFMP)?

\_\_\_\_\_ YES

\_\_\_\_\_ NO (If not enrolled, please visit our EFMP office for more information about the benefits of enrolling before completing the registration process.)

**ADVISORY:** Enrollment in EFMP is mandatory for military dependents who have an identified special need per Department of Defense Instruction (DODI) 1315.19 and Marine Corps Order (MCO) 1754.4B. Enrollment in EFMP does not impact your child or youth's participation in CYP.

To the best of my knowledge, the information provided in this statement is accurate.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date