

REQUEST FOR A LEISURE ATTENDANT

Participant:

Day/Dates:

Location:

***Please Note: Leisure Attendants do not administer medications or do any toileting.**

Please check off the appropriate box, as it pertains to the participant:

1. Reason for requesting a Leisure Attendant.

Participant requires one on one assistance to stay focused during activities.

Participant requires one on one assistance to complete tasks.

Other (please comment)

2. Please provide additional comments that would assist us in understanding the needs of this individual:

Please call Adaptive Services at 986-2030 for additional information or questions.

Thank you for taking the time to complete this form.