



# Winning 4-H Plan

An Accommodation Plan for 4-H Members with Special Needs



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

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

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

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 \_\_\_\_\_

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

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

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Keith L. Smith, Associate Vice President for Agricultural Administration and Director, OSU Extension