

Mixed Ability Dance – Intake Form

Date: _____

Updated: _____

Student Name: _____

Parent Name(s): _____

Please list any medications the student is currently taking: _____

What is the student’s physical/sensory disability?

Does the student have any assistive mobility devices (i.e. wheelchair, walker, cane, etc.)? Can s/he move across a room independently? If no, what assistance is needed?

Does the student have difficulty following multiple step directions? If yes, what approach would you recommend?

What is the student’s communication ability/style? (i.e. quiet, talkative, nonverbal, impaired speech/hearing, communication device, etc.) If s/he needs assistance communicating, what approach is helpful?

Is the student able to use the bathroom independently? If not, what assistance is required?

How does s/he indicate when the bathroom is needed? How frequently does s/he need to use the bathroom?

Are there any movements or positions that would cause the student pain or harm?

If using a wheelchair, is s/he able and/or willing to move out of the chair and with how much assistance?

Is there anything else we should know about the student that would assist us in providing maximum fun in a safe environment?