



ADAPTIVE DANCE PROGRAM

Intake Form

Student Name: _____ Date: _____

Parent Name: _____ Phone Number (s): _____

Please list any conditions, behaviors, communication needs or other issues that may affect your student's dance class experience:

Does the student use an assistive mobility device (wheelchair, walker, crutches, etc.)? YES NO

If the student does use a mobility device, is s/he able and/or willing to move without the device without assistance? YES NO

Are there any special personal care needs that BVI staff should know about (bathroom assistance, drinking, etc.)? Please describe:

Please list any allergies:

Does the student have any other health issues not covered above (seizures, diabetes, etc.) that the BVI staff needs to know about?

Please send completed form as an attachment to: balletvirginia@gmail.com

Pre-registration orientation meeting at BVI scheduled on: _____ at _____

(after intake form completion and phone interview)