



# Adaptive Dance Program Intake Form

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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Does the student use an assistive mobility device (wheelchair, walker, crutches, etc)?

Yes  No

If the student does not use a mobility device, are they willing to move without assistance?

Yes  No

Are there any special personal care needs that Ballet Virginia Staff should know about (Bathroom assistance, drinking, etc.)? Please describe: \_\_\_\_\_

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Please list any allergies: \_\_\_\_\_

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

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Please send completed form as an attachment to [academy@balletvirginia.org](mailto:academy@balletvirginia.org)

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