



CAROUSEL
DANCE CENTRE INC.

Dance for EveryBODY PARTICIPANT PROFILE

Every child is unique! To help us plan the dance program, please complete the following participant profile. If you would like to discuss the program, please do not hesitate to contact The Carousel Dance Centre at 519-746-8877.

Name: _____

Emergency Contact: _____

Name	Relationship	Phone
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1. Medical Diagnosis

Primary: _____

Secondary: _____

2. How does the medical diagnosis affect your child:

Physically: _____

Cognitively: _____

Socially: _____

3. Medical Precautions (seizures, respiratory, medications. . .)

6. Please identify any triggers that may initiate any negative behaviours: _____

7. Please identify any strategies/techniques useful in managing your child's behaviour:

8. What are your child's strengths? _____

9. Please rate your child's gross motor skills: (1 = poor, 5 = good)

Balance	1	2	3	4	5
Coordination	1	2	3	4	5
Learning New Skills	1	2	3	4	5

10. My child can follow one-step two-step multi-step instructions

11. Do you have any tips to help us teach your child physical skills? _____

12. Do you use specific motivators or rewards with your child? _____

13. Please rate your child's communication skills: (1 = difficult, 5 = easy)

To get the attention of others 1 2 3 4 5

To ask for help 1 2 3 4 5

To communicate basic needs 1 2 3 4 5

14. My child communicates with words sentences gestures/ hand leading
 signs other _____

15. Does your child benefit from visuals? photos n/a

If yes, are they used for schedules rules instructions

16. How will your child let us know if they are:

Frustrated? _____

Need to use the washroom? _____

To get the attention of others: _____

To ask for help: _____

17. Will your child need assistance in the washroom? Describe _____

18. Do you have any tips to help us communicate effectively with your child? _____

19. Does your child find transitions easy sometimes challenging challenging

20. Do you use specific strategies to help your child transition? _____

21. Does your child have any sensory sensitivity that we should be aware of? (clothing, noise, crowds, etc.) _____

22. Please tell us a few of your child's favourite things (songs, movies, etc.): _____

Please rate your child's activity level, impulsiveness, and attention span

Activity level low average high

Impulsiveness low average high

Attention span low average high

Is your child aware of danger? (e.g. speed, wandering, etc.)

Is there anything else we should know about your child? _____

Return this form to:

**The Carousel Dance Centre Inc.,
550-D7 Parkside Drive, Waterloo, ON N2L 5V4**

Dance for EveryBODY is offered in partnership with

