



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 child's involvement in the program, please do not hesitate to contact The Carousel Dance Centre at 519-746-8877.

Child's Name: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Medical Diagnosis Primary: _____

Secondary: _____

How does the medical diagnosis affect your child?

Physically: _____

Cognitively: _____

Socially: _____

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

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

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

What are your child's strengths? _____

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

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

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

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

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

My child communicates with

words sentences gestures/hand leading signs other _____

Does your child benefit from visuals? photos n/a

If yes, are they used for schedules rules instructions

How will your child let us know if they:

Are frustrated? _____

Need to use the washroom? _____

Need to get the attention of others? _____

Want to ask for help? _____

Will your child need assistance in the washroom? Describe _____

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

Does your child find transitions easy sometimes challenging challenging

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

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

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? _____

Thank you for taking the time to fill out this form. Please return it to

The Carousel Dance Centre

550-D7 Parkside Drive, Waterloo

admin@carouseldancecentre.ca