



Adaptive Dance Outreach Intake Questionnaire

Spring 2018 Session Classes

Participant Name: _____ Age: _____ Birth Date: _____

Please list a primary contact name and number regarding details of this class:

Please list any prior dance or movement experience:

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

If yes, is the dancer willing and/or able to move out of the chair/mobility device?

Can the dancer move independently across a room? If no, what type of assistance is needed?

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

Does the dancer have any hearing, visual, or learning difficulties?

Can the student follow multiple step directions? If not, what approaches do you recommend?

How does this dancer learn best? (repetition, visuals, mirroring, verbal instruction, etc.)

What is the student's communication ability/style? (i.e. talkative, nonverbal, impaired speech or hearing, communication device, sign language, etc.)

Does this dancer have any known environmental triggers? (i.e. strobe lights, loud noises, etc.)

Are there special personal care needs we should know about? (i.e. bathroom use assistance, etc.)

Please list any medications dancer is taking.

Is there anything else you would like us to know?

How did you hear about Adaptive Dance Outreach at Cohesion?

Adaptive Dance is designed to help dancers experience the joy of movement in a supportive, creative community regardless of experience and/or ability. While we believe that dance has social, physical, and cognitive benefits, this dance class should not be mistaken for physical or occupational therapy.