

Print please

Date:

Name	DOB	Age
Parent's Names		
Phone – Home	Cell	Work
Email:		
Whom can we call in case of emergency:		
How did you hear about this program:		
Physical/Medical: What is the student's disability?		
What is the level of involvement of disability? Mild Moderate Severe Comments:		
Do they know his/her diagnosis? Yes No Comments:		
Do they have any fine or gross motor skills limitations?		
Do they have any special handling or movement difficulties?		
Are they on a medication or toileting schedule that might conflict with program schedules? Comments:		
Social Skills:		
Please tell us how they communicate: verbal communication device picture board sign language Comments:		
Using this communication system, can they put together 4 or more words independently? Yes No Are they able to listen and follow directions appropriately? Yes No How would you describe the degree of difficulty in communicating?		
Do they use any special equipment to assist with communication, mobility or other needs? Yes No Comments:		
Are there physical, medical, sensory or behavioral concerns that we should be aware of? (non-compliance, hitting self or others, tantrums, self- stimulatory behaviors) Please give us information on the best way to avoid and deal with those issues.		
Is the student currently on a behavior management plan? Yes No		
What types of reinforcements and/or rewards work best to keep them motivated?		
Please describe their attention span:		

Please describe the student's comprehension and retention skills:

Do they have any fears or anxieties we should be aware of?

Anything else you think is important to know about this student. Feel free to send a copy of student's IEP for additional information.

What are your goals for them in this program?

Why would they like to participate in this program?

Parents please read and sign:

In consideration of my registration for Drama Interaction's programs, I intending to be legally bound, do hereby for myself, my child, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for which I or my individually or collectively for any and all injuries suffered by me or my child at or during classes, camps or performance.

Signature:

Name (printed)

date

Please mail registration form, student profile and payment to:

**Drama Interaction
6352 Josephine Ave.
Edina, Mn. 55439**

www.cokartscenter.com (drama Interaction)

952-220-1676

Drama.interaction@yahoo.com

We accept consumer support grants/waivers. If paying by credit card fee is .03%

Feel free to use the back of the form for additional information you wish to provide. Thank you!

