



AbilityPLUS at Mount Snow
Adaptive Snowsports
2015-16 Client Information

Contact Information

Client Name:

Parent/Caregiver Name:

Primary Phone: Secondary Phone:

Email:

Street Address:

City: State: Zip Code:

Emergency Contact Name: Relationship:

Emergency Primary Phone: Emergency Second Ph:

Who is completing this form?(relationship):

Client/Student Information

Disability: Date of Onset:

Date of Birth: Height: Weight:

Gender M ☐ F ☐ Occupation:

Seizures? Yes ☐ No ☐ *If yes, type and date of last?*

CLIENT ALLERGIES

Client Medications, What Used For, Side Effects

Name: **Physical**Mobility method: How long able to remain active? If need to limit activity for any reason, explain: Participate in exercise, PT or OT program? Bladder/Bowel: Self ☐ Assisted ☐ If assisted, explain Limited range of motion in any limbs or head; spasticity? Yes ☐ No ☐If Yes please describe:

Body strength (e.g. Paralyzed, Weak, Average, Strong)

Upper Body, Left: Upper Body, Right: Lower Body, Left: Lower Body, Right:

Please answer the following, use the space to the right to elaborate if necessary:

Yes ☐ No ☐ Difficulty with balance? Yes ☐ No ☐ Circulation issues? Yes ☐ No ☐ Difficulty feeling hot and cold normally? Yes ☐ No ☐ Visual Impairment? Yes ☐ No ☐ Hearing Impairment? Yes ☐ No ☐ Sensory Overload?

Please provide any additional pertinent physical/motion/coordination/sensory information:

Name:

Communication

Yes ☐ No ☐ Able to make needs met to instructor?

Yes ☐ No ☐ Difficulty speaking or communicating?

Yes ☐ No ☐ Difficulty remembering things?

Yes ☐ No ☐ Difficulty learning new things?

Yes ☐ No ☐ Difficulty following directions?

Please use space below to further elaborate if needed:

Yes ☐ No ☐ Non-verbal communication?

If Yes, type? (Mayer Johnson Symbols, Sign Language, PECS, other)

Behavior/Emotion

Yes ☐ No ☐ Impulsivity?

Yes ☐ No ☐ Become frustrated?

Yes ☐ No ☐ Anger easily/Anger with frustration?

Yes ☐ No ☐ Perseveration?

Yes ☐ No ☐ Lose physical control (kicking, punching, biting, head butting, etc.)?

Yes ☐ No ☐ Lose verbal control?

Yes ☐ No ☐ Flight risk?

If YES to any, please explain further:

Particular behaviors for instructors to discourage?

Known effective ways to help redirect behavior:

Name:

Snowsports Information

Yes ☐ No ☐ Have you/client ever skied or snowboarded before?

If Yes: Which sport: Ski ☐ Snowboard ☐

Where:

How Many Times

Specialized Adaptive Equipment Used: Bi-Ski ☐ Mono-Ski ☐ Outriggers ☐

Tip-clamps ☐ Tethers ☐ Slider ☐

Other

Adaptive Equipment Preference?

What are goals for this lesson/season?

Please provide any other information that will help AbilityPLUS create a safe, fun, enjoyable experience!

Stand-up Ski/Snowboard Rental information:

Ski/Snowboard Boot Size, if known

Shoe Size:

Ski/Snowboard length, if known:

Age:

Height:

Weight:

OFFICE USE ONLY

Current DSUSA Waiver? Year: Media Waiver?

Staff initials: