

LTRC Tap/Jazz
Dance class for individuals with special needs
Student Information Form

Student's Name: (First) _____ (Last) _____

Name & Phone # for person to be reached during dance class time: _____
(_____) _____

Student's Disability: _____

What activities/hobbies does your son or daughter enjoy? _____

What type, if any, noises, activities or situations bother your child? How is that irritation/anxiety displayed?

If your child gets overly bothered or irritated, what are some ways to help your child deal with and redirect his or her behavior? _____

If, as a last resort, discipline is needed, what works and what does not? (If we think discipline is necessary, we will communicate this with you.)

Are there any physical activities your child should not take part in? _____

How do you encourage him or her to take part in a new event that he or she has not done before?

Other Helpful Comments: _____

Thank you for taking the time to fill this Informational Form out. This really helps us know how to best serve your son or daughter.