

Therapeutic Skating Questionnaire

Thank you for taking the time to complete this questionnaire so we can better teach your skater. Please bring completed form to the first day of class.

How does your skater communicate? Speech_____ Sign_____ Non-verbal_____ other_____ If other, please give a brief explanation:

Visual impairment? Yes_____ No_____

Hearing Impairment? Yes_____ No_____

Circle use: Hearing Aid

Sign Language

Read Lips

Learning Style? Visual_____ Auditory_____ Read_____ Physical Prompts_____ other_____ If other, please provide a brief explanation:

Behavioral Issues? Yes_____ No_____ If yes, please provide a brief explanation:

Sensory Issues? Yes_____ No_____ If yes, please provide a brief explanation:

Physical Limitations? Yes_____ No_____ If yes, please provide a brief explanation:

Any other information you feel would help us work with your skater?