

Nashoba Valley Adaptive Snow Sports Program
Student Evaluation Form

Today's Date: _____

GENERAL INFORMATION

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

Email address: _____

Date of Birth: _____ Height: _____ Weight: _____

Please describe disability: _____

If a minor, name of person providing info: _____

Relationship: _____

Emergency contact (during lesson): _____

Local phone, cell phone or location: _____

EXPERIENCE

Did you ski before becoming disabled? _____

Have you skied since becoming disabled? _____

Where? _____ When? _____

How many times have you skied? _____

At what level do you ski? Beginner _____ Intermediate _____ Advanced _____

Do you have equipment that has been approved by an authorized dealer? _____

Please describe equipment _____

What would you like to accomplish? _____

MEDICAL INFORMATION

Do you have any allergies? _____

If YES, please describe _____

Are you currently taking any medications? _____

If YES, what medications? _____

Describe any side effects of your medications _____

Is there a medication schedule of which we should be aware? _____

Have you ever had seizures? _____

If YES, date and type of last seizure _____

Do you have any bladder or bowel adaptations? _____

Are there any precautions of which we should be aware regarding bladder/bowel control? _____

Do you have difficulty breathing? _____ Please explain: _____

Do you have a shunt? _____ Harrington Rods? _____

PHYSICAL FUNCTIONING

How long can you remain active? _____

Do you participate in any other sports? _____

Do you participate in any exercise program? _____

Are you currently working/attending school/volunteering? _____

If YES, how long is your average school/work day? _____

Do you have difficulty with balance? _____

Please describe any coordination difficulties: _____

Range Of Motion

Do you have normal range of motion in:

Right Arm _____

Left Arm _____

Right Leg _____

Left Leg _____

If NO, please explain _____

Describe your strength:

Upper Body _____

Lower Body _____

Left Side _____

Right Side _____

Sensation

Do you have any paralysis? _____

Do you require weight shifts? _____

Can you feel your body's temperature variations? _____

Do you have any skiing precautions? _____

Please explain: _____

Vision

Do you have any visual impairment? _____

If YES, please explain: _____

Do you wear glasses? _____

Do you wear contacts? _____

Hearing

Do you have a hearing impairment? _____

If YES, please explain: _____

Do you wear a hearing aid? _____

Communication

Can you understand and follow one or two step directions? _____

Can you make your needs known to instructor? _____

Do you have difficulty speaking or communicating? _____

Do others have difficulty understanding you? _____

Do you have difficulty remembering things? _____

Do you have difficulty in learning new things? _____

Do you have difficulty following directions? _____

If you answered YES to any question, please explain: _____

Please list useful phrases or words that work best for you: _____

Do you use non-verbal communication? ____

If YES:

Mayer Johnson Symbols _____

Sign Language _____

Picture Exchange Communication System (PECS) _____

Sentence Board _____

Gestures _____

Will you be bringing a communication system with you? _____

Are there any symbols/signs that we can have available to assist with communication?

Behavior/Emotions

Impulsivity? _____

Perseveration? _____

Do you get angry easily? _____

Do you get frustrated easily? _____

Do you ever lose control verbally? _____

Do you ever lose control physically? _____

Do you have mood swings? _____

If YES to any question, please explain: _____

What are the best ways to help you gain control? _____

What behaviors should the instructor discourage? _____

Is there any other pertinent information? _____

MARKETING INFORMATION

May we use your picture for promotional purposes? _____

How did you hear about our program? _____

How many people will come with you? _____

Will they ski? _____ Will they rent equipment? _____

All information provided is strictly confidential. This information will be shared with the volunteers and/or instructors at Nashoba Valley for the purposes of preparing and teaching lessons. If authorized and if necessary, this information may be shared with other snow sports programs.

Signed (student/parent/care giver) _____