

UNIVERSITY OF WISCONSIN-LA CROSSE
Special Populations Programs – Motor Development Program
Participant Information Update/Enrollment Form

Office Use Only Date Received_____

To Parent(s)/Legal Guardian(s): In order to safely participate in the Motor Development Program at UW-La Crosse, please fully complete this form as accurately as possible. All information is deemed necessary to maximize safety. All information will be kept confidential. Please use the backside of the page if you need more space. Incomplete information may delay enrollment into the program.

Participant's name _____ Gender: M _____ F _____
Participant's address _____

Participant's phone _____ Age _____ Date of birth _____

Parent(s)/guardian(s) name _____
Parent(s)/guardian(s) address _____

Parent(s)/guardian(s) phone _____
Relationship to participant _____

Physician's name _____ Phone _____
Physician's address _____

Emergency contact (In case parent(s)/guardian(s) cannot be reached):
Name _____ Phone _____
Relationship to participant _____

Physical therapist _____ Phone _____
Occupational therapist _____ Phone _____

School _____ Phone _____
Address _____
Teacher _____ Physical education teacher _____

Primary disability of participant _____
Secondary disability _____ Tertiary disability _____
Relevant medical concerns _____

Parts of body affected (describe) _____

Body movements that should be avoided (describe) _____

Is the participant ambulatory? _____ Does the participant use any braces, wheelchair or other special equipment? If so, what? _____

Medications Taken

What For

Side Effects

(use back side if necessary)

Does the participant have allergies? Y____N____ If yes, please list_____

How are allergies controlled?_____

Is the participant prone to seizures? Y____N____ If yes, type(s) of seizure and how long they usually occur_____

How are the seizures controlled?_____

Controlled by medication? (please list)_____

How often do they occur?_____ Date of last seizure_____

Please answer the following with CA, MODA, MINA, or I.

CA = complete assistance

MINA= minimal assistance

MODA = moderate assistance

I= independent (can perform task alone with supervision)

Dressing in a locker room _____

Entering pool _____

Undressing in a locker room _____

Exiting pool _____

Taking a shower _____

Swimming in pool _____

Toileting _____

Walking upstairs _____

Mobility in hallway _____

Walking downstairs _____

Comments_____

Verbal?____Nonverbal?_____ How does the participant communicate? (describe)_____

Physical activity currently involved in (describe)_____

Has the participant been swimming or involved in any pool exercise program?_____

If so, where and when?_____

What is his/her swimming level?_____

Is the participant afraid of the water?_____

Does the participant need special aquatic equipment? (ear plugs, goggles, diapers, cap)? (describe)_____

What kind(s) of motor activities, sports, and/or recreational activities does the participant like to engage in? _____

General Behavioral Characteristics (check those applicable)

Self-stimulatory _____ Withdrawn _____ Self-abusive _____ Amiable _____ Generally calm _____
Easily frustrated _____ aggressive _____ Subject to physical outbursts _____

Briefly describe the participant's personality _____

Does the participant have any behavioral issues? _____ If yes, please describe. How are these issues best dealt with? _____

Briefly describe the participant's ability to interact with peers _____

Do you have any ideas that may be helpful when interacting with the participant? _____

On the backside of this page, please add any other important information that would be helpful to maximize safety and to create a positive experience for the participant.

If the participant has any significant medical conditions, please attach a copy of the most current, relevant medical report.

Name of individual providing information _____
Phone _____ Date Completed _____

Has the (prospective) participant previously been enrolled in this program? Yes _____ No _____
If yes, list year(s) of attendance _____

Means of transportation _____