**Physical and Leisure Activities for Youth (PLAY) - Enrollment Questionnaire**

The PLAY provides physical and motor developmental activities for persons with special needs.  There are opportunities for development and/or improvement in the following areas:  (1) developmental gross motor skills, (2) perceptual- motor skills, (3) swimming and water safety skills, (4) play/social skills, (5) dance and creative movement, (6) physical fitness, and (7) life-time sport/ recreational pursuits.

It is necessary to have the following information in order to plan an individualized physical activity plan that meets the needs of your son/ daughter/ward.  Please complete and return the forms as soon as possible.  All participants must have these forms on file prior to entering the PLAY.  If you have any questions/concerns, please contact the program director.

Please complete the form electronically, save, and then email to playprogram@kennesaw.edu

**Demographic Data**

Participant’s Name: Click here to enter text.

Sex: Choose an item. Date of Birth Click here to enter a date.

Home Address: Click here to enter text. City: Click here to enter text.

Phone Number: Click here to enter text.

Parent/Guardian’s Name Click here to enter text.

Home Phone Number: Choose an item. Work Phone Number: Choose an item.

Address (if different): Click here to enter text. City: Click here to enter text.

Email Address: Click here to enter text.

School/Training Program Attended by Participant: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

School/Training Program Contact: Click here to enter text. Position of Contact: Click here to enter text.

**Disability/Impairment (check all that apply):**

[ ] No Disability/Impairment [ ] Asthma

[ ] Cardiovascular Problem [ ] Cystic Fibrosis

[ ] Diabetes [ ] Emotional/Behavioral Disorder

[ ] Learning Disabled [ ] Multiple Sclerosis

[ ] Obesity [ ] Spina Bifida

[ ] Subject to Seizures [ ] Other- Specify: Click here to enter text.

Auditory Impairment (select one): [ ] Deaf [ ] Hard of Hearing

Visual Impairment (select one): [ ] Blind [ ] Partially Sighted

Cerebral palsy (select one): [ ] Mild [ ]  Moderate [ ] Severe

Mental Retardation (select one): [ ] Mild [ ] Moderate [ ] Severe [ ] Down Syndrome

**Behavioral Characteristics (check all that apply):**

[ ] Aggressive [ ] Cooperative/Calm

[ ] Cooperative with Teachers [ ] Self-Abusive

[ ] Subject to Physical Outbursts [ ] Wanders/Runs Away

[ ] Other – Specify: Click here to enter text.

**Methods of Communication (check all that apply):**

[ ] Verbal [ ] Non-Verbal

[ ] Uses Signs [ ] Uses Finger Spelling

[ ] Uses Word Board [ ] Able to Follow Simple Verbal Directions

[ ] Able to Follow Complex (3-4 step) Verbal Directions

[ ] Other – Specify: Click here to enter text.

**General Information**

Is participant on medication? [ ] Yes [ ]  No

If yes, please describe: Click here to enter text.

Purpose of medication:

[ ] Control Seizures [ ] Control Hyperactivity

[ ] Control Aggressive Behavior [ ] Depression

[ ] Other – Please Specify: Click here to enter text.

Are specific behavior management techniques used with participant? [ ]  Yes [ ]  No

If yes, please describe: Click here to enter text.

Please list any specific behavior problems: Click here to enter text.

Is participant toilet trained? [ ] Yes [ ]  No

Occasional Accidents? [ ] Yes [ ] No

Has participant been involved in previous physical education/motor development/recreation/sports programs? [ ] Yes [ ]  No

If yes, please indicate which type of program(s):

[ ] School [ ] Community

[ ] Other – Please Specify: Click here to enter text.

**Special Equipment Used (check all that apply):**

[ ] Manual Wheelchair [ ] Electric Wheelchair [ ] Protective Helmet

[ ] Hearing Aid (ear) [ ] Hearing Aid (body pack) [ ] Corrective Eye Glasses

[ ] Braces, please indicate location:

[ ] Prosthesis, please indicate location:

[ ] Tubes/shunts of any type, please specify:

[ ] Walker, please indicate type:

[ ] Other – Please Specify: Click here to enter text.

**Transportation**

Provided by:

[ ] Parent/Guardian

[ ] Friend: Click here to enter text.

[ ] Residential Agency: Click here to enter text.

[ ] Carpool, specify with whom (driver & participants): Click here to enter text.

[ ] Other: Click here to enter text.

Approximate round trip mileage to and from KSU (miles): Click here to enter text.

Signature of person completing this form: Click here to enter text.

Relationship to participant: Click here to enter text.

Note: This form MUST be returned prior to student being admitted to program

Email to playprogram@kennesaw.edu