



Tell us about your child

(for those with special needs)

| Name | Age | Gender |
|------|-----|--------|
| | | |

Sensitivities - please rank level from 1-5 (lower = less)

| Sound | Touch | Fear of Dogs | Strangers | Other |
|-------|-------|--------------|-----------|-------|
| | | | | |

Please share with us what changes you would hope to see in your child as he/she participates at DogAbility? (movement, focus, sensitivities diminish, social skills and interaction, simple joy etc)

| Motor | Focus | Social Interaction | Language | Simple Joy |
|-------|-------|--------------------|----------|------------|
| | | | | |

Please note your child's numerical and/or developmental age as well as diagnosis.

Please describe some of your child's strengths.

Please describe some of your child's limitations.

Please describe your child's current or past experiences with dogs (i.e. family pet, neighbor's pet, positive or negative experiences? Etc.)

Please describe your child's likes and dislikes. (Food - Toys - Experiences)

Please describe any environmental stimuli that may be uncomfortable or stressful for your child.

How does your child react to new people and experiences?

Please take this space to describe anything else you may want us to know about your child.

**The DogAbility program is considered an AAA - Animal Assisted Activity
Animal-assisted activities (AAA) provide opportunities for motivation, education, or recreation to enhance quality of life. Animal assisted activities are delivered in a variety of environments by specially trained professionals, paraprofessionals, or volunteers in association with animals that meet specific criteria.**

I give permission for DogAbility to share the information above with staff and volunteers who will use it to enhance my child's experience while participating at DogAbility

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Date

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Signature of parent or Guardian