ABILITIES FORM

NAME OF PARTICIPANT _____

	Activity permitted?			
ACTIVITY This section is to be completed by a parent, guardian, caregiver, counselor, physician, physical therapist, occupational therapist or education/teacher who is familiar with the abilities of the participant	**YES** No limitations	**YES** With assistance	**NO**	**COMMENTS**
WEIGHT BEARING ON FEET	☐	☐	☐	
WEIGHT BEARING ON HANDS & KNEES	☐	☐	☐	
WEIGHT BEARING STOMACH (PRONE)	☐	☐	☐	
WEIGHT BEARING BACK (SUPINE)	☐	☐	☐	
WEIGHT BEARING HANDS (i.e. handstand)	☐	☐	☐	
HANGING/SWINGING FROM HANDS	☐	☐	☐	
JUMPING/SPRINGING ON MATS	☐	☐	☐	
JUMPING (BOUNCING) ON TRAMPOLINE	☐	☐	☐	
BOUNCING ON SEAT - TRAMPOLINE	☐	☐	☐	
ROLLING forward or backward over neck	☐	☐	☐	
ROLLING longitudinal (i.e. log rolling)	☐	☐	☐	
OTHER	☐	☐	☐	

1) If you would like to request 1:1 support from the club, please inform us before the start of program. If you are bringing support with you, who will be accompanying the participant?

   Name _____ Professional occupation (if applicable) _____

   Does the assistant represent an outside institution, agency or organization? NO☐ YES☐ If yes, please specify:

   _____

2) Person completing this form: _____ Date: _____

3) I feel that gymnastics would be beneficial for the participant. The following abilities and needs to be met should be taken into consideration when designing a program for this individual. (i.e. range of motion, special devices..)

   _____

   _____

4) The following is to be completed by a parent, guardian, caregiver, counselor, physician, physical therapist, occupational therapist or educator/teacher who is familiar with the abilities of the participant.
   In order to assist the Host Club in communicating effectively with the participant please complete the following:

   a) Does the participant mind being touched? (i.e. spotting) Yes: ☐ No: ☐
   b) Does the participant understand simple instructions? Yes: ☐ No: ☐
   c) Does the participant need visual examples? (i.e. demonstrations) Yes: ☐ No: ☐
   d) Is eye contact needed to effectively relay instructions? Yes: ☐ No: ☐
   e) A gym is a noisy and busy place. How does the individual react/respond in this type of environment?

   _____

   f) What is the most effective method to support the individual's behaviour? (i.e. quiet time, sensory break, etc)

   _____

   g) What are the signs to look for if the participant is confused, distressed, frightened or tired?

   _____

   h) What are the most effective methods to comfort the individual?

   _____

   i) What are the most effective methods to reward the participant?

   _____