Dancing with Disability

Dancer information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Dancer |  | | | | | |
| Age of Dancer |  | | Male | | Female | |
| Date of birth |  | | | | | |
| Diagnosis |  | | | | | |
| Physical aids (e.g. walker, wheelchair, crutches, splints) |  | | | | | |
| Does the dancer have any medical conditions we should be aware of? |  | | | | | |
| Can the dancer follow verbal instructions? |  | | | | | |
| Can the dancer imitate movements? |  | | | | | |
| Any sensory sensitivities? E.g. auditory, tactile, visual etc. |  | | | | | |
| Does the dancer have a dance preference? | Ballet | Hip hop | | Contemporary | | No preference |
| Contact person |  | | | | | |
| Email address |  | | | | | |
| Contact telephone number |  | | | | | |
| Alternative contact person & contact number |  | | | | | |