



## Participant's "Special Needs"

Name: \_\_\_\_\_

Please indicate any special concerns or needs that would be helpful for Great Strides' instructor, therapists, and volunteers to be aware of with your particular disability (include assistance required or equipment needed):

**PHYSICAL FUNCTION** (i.e. mobility skills such as transfers, walking, wheelchair use; if you are prone to seizures, what is the best course of action to take should one occur?)

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**PSYCHO/SOCIAL FUNCTION** (i.e. work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

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**GOALS** (i.e. Why are you applying for participation? What would you like to accomplish?)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_