



Application Questionnaire

Skating / Hockey Program

I am:

New Applicant

Have Participated Before

Please print and complete all information:

Name (Parent) _____

Address (including PC) _____

Telephone _____ E-mail: _____

Name (Child) _____ Age: _____

In order to provide effective instructional programming please answer the following:
(Please attach a separate sheet if you run out of room)

1. Describe the communication functioning level of your child. (Please include whether your child is verbal, echolalia, or non-verbal).

2. Describe the social functioning level of your child. For example, are they at a beginning, intermediate, or advanced level? Explain.

3. Describe the following behaviours in detail as they apply to your child:

Aggression: _____

Self-Stimulatory Behaviours:

Instructional Control/Non Compliance:

Please use this section to include anything else you would like the facilitators to know about the applicant. (E.g. Goals, interests, cognitive ability etc)

I give permission for my child's application to be discussed by program providers and AOH program coordinators as a component of this application process.

Signature of Parent: _____

Signature of Applicant if over 16: _____

Date: _____