

FORM C - ABILITY AND LIMITATIONS FORM

NAME OF PARTICIPANT _____

| ACTIVITY | <i>Activity permitted?</i> | | | COMMENTS |
|---|------------------------------|-------------------------------|----|----------|
| | YES No limita tions | YES With assist ance | NO | |
| 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 ability level and limitations of the participant | | | | |
| 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 an assistant is recommended by the Club, 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 applicant. The following limitations, if any, should be taken into consider 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 ability level and limitations 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 correct the individual's behaviour? (i.e. quiet time, stern voice, etc)

 - g) What are the symptoms 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?
