

# CADS Calgary Ski/Snowboard School

## Student Information for Program Supervisors

This form will remain with the student's group supervisor for their reference throughout the season. Thank you for taking the time to complete this information and for participating with CADS Calgary!

\_\_\_\_\_ **NEW Student**      \_\_\_\_\_ **RETURNING Student**

NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

GROUP \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ HEIGHT (ft, in) \_\_\_\_\_ WEIGHT (lbs) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### **SKILL LEVEL INFORMATION** (If applicable):

**Skiing:** Beg. \_\_\_\_\_ Int. \_\_\_\_\_ Adv. \_\_\_\_\_      **Snowboarding:** Beg. \_\_\_\_\_ Int. \_\_\_\_\_ Adv. \_\_\_\_\_

### **PLEASE ANSWER ALL QUESTIONS ON FRONT AND BACK**

**Please check all that apply to the student.** Provide specific information where requested. All information is voluntary and requested only to assist supervisors and instructors in providing a quality learning experience.

#### **PHYSICAL**

ALLERGIES

AMPUTEE (TYPE \_\_\_\_\_)

ARTHRITIS

ASTHMA

BRAIN INJURY

CEREBRAL PALSY

(TYPE \_\_\_\_\_)

CONGENITAL HEART DISEASE

CYSTIC FIBROSIS

DIABETES

EPILEPSY

FEEDING TUBE

HEARING IMPAIRED

MULTIPLE SCLEROSIS

MUSCULAR DYSTROPHY

RESPIRATORY DISEASE

SEIZURES

SHUNT

SPINA BIFIDA

SPINAL CORD INJURY  
(LEVEL \_\_\_\_\_)

STROKE  
(LEFT/RIGHT \_\_\_\_\_)

VISUALLY IMPAIRED

HEART PROBLEMS

(TYPE \_\_\_\_\_)

POST POLIO

ARTHROGRYPOSIS

OTHER (EXPLAIN) \_\_\_\_\_

#### **MOBILITY**

ELECTRIC WHEELCHAIR

MANUAL WHEELCHAIR

CANES/CRUTCHES

INDEPENDENT

#### **DEVELOPMENTAL**

MILD

MODERATE

SEVERE/PROFOUND

AUTISM

DOWN SYNDROME

OTHER (EXPLAIN) \_\_\_\_\_

#### **LEARNING DISABILITY**

PERCEPTUAL DIFFICULTY

DISTRACTIBILITY

HYPERACTIVITY

DYSLEXIA

ATTENTION DEFICIT DISORDER

OTHER (EXPLAIN) \_\_\_\_\_

#### **BEHAVIOR DISORDER**

ACTING OUT

AGGRESSIVE

SELF-ABUSIVE

OTHER (EXPLAIN) \_\_\_\_\_

#### **EMOTIONAL**

ANTI-SOCIAL

ANXIETY

DEPRESSION

DISORIENTATION

EATING DISORDER

NEUROSIS

PSYCHOSIS

SCHIZOPHRENIA

SUBSTANCE ABUSE

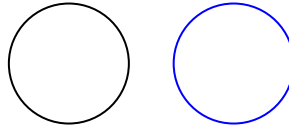
OTHER (EXPLAIN) \_\_\_\_\_

**COMMUNICATION**

VERBAL  
NONVERBAL  
OTHER \_\_\_\_\_

**VISUAL FIELD**

LEFT                      RIGHT  
BLACK OUT AREAS OF NO VISION



**MEDICAL INFORMATION**

SUBJECT TO SEIZURES? (YES/NO) \_\_\_\_\_ WHEN? \_\_\_\_\_ TYPE? \_\_\_\_\_

ALLERGIES TO FOODS OR MEDICATIONS? IF SO, PLEASE LIST: \_\_\_\_\_

CURRENT MEDICATIONS? IF SO, PLEASE LIST TYPE AND PURPOSE: \_\_\_\_\_

PLEASE EXPLAIN ANY BEHAVIORS OF WHICH STAFF SHOULD BE AWARE: \_\_\_\_\_

HOW DOES PARTICIPANT BEHAVE WHEN UPSET OR FRUSTRATED: \_\_\_\_\_

METHODS WHICH WOULD MAKE LEARNING EASIER (Visual, Verbal, Tactile, etc.): \_\_\_\_\_

ANY ADDITIONAL INFORMATION THAT WOULD BE HELPFUL FOR SUPERVISORS/INSTRUCTORS: \_\_\_\_\_

**PARTICIPANT RECREATION AND LEISURE INFORMATION**

WHICH OF THE FOLLOWING BARRIERS RESTRICT PHYSICAL ACTIVITY? PLEASE CHECK ALL THAT APPLY.

LACK OF ENDURANCE \_\_\_\_\_ LACK OF COORDINATION \_\_\_\_\_ LACK OF MOBILITY \_\_\_\_\_

LACK OF FLEXIBILTY \_\_\_\_\_ LACK OF STRENGTH \_\_\_\_\_ OTHER? \_\_\_\_\_

**WHAT EXPECTATIONS DO YOU HAVE OF YOUR CADS EXPERIENCE?**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE WRITE A PERSONAL GOAL THAT THE STUDENT WILL WORK TOWARDS THROUGH PARTICPATION WITH CADS :**

\_\_\_\_\_  
\_\_\_\_\_