Attached is the Special Needs Dolphin Pathways program application that you requested. Please complete and return. Include current picture of Participant.

Cost of the Five-Day Program: $2100 US dollars
Non-refundable deposit: $1050 US dollars
Deposit required at time of scheduling
Payment in full required two weeks before scheduled session
Dolphin Research Center accepts MasterCard, VISA, and Discovery credit cards.

Until we receive your deposit, the dates are not final. Please refrain from making travel plans until we have confirmed dates and received your deposit.

Any participant with a seizure disorder must provide a doctor’s release stating that the person is able to participate fully and safely in the program.

Mailing and contact information

Dolphin Research Center
Special Needs Pathways Program
58901 Overseas Highway
Grassy Key, FL 33050-6019

phone: (305) 289-1121 ext 228
fax: (305) 743-7627
email: joan@dolphins.org
Participant Information Form

Participant’s Name:______________________________________________________________

Parents/Guardians: ______________________________________________________________

Siblings/ages: __________________________________________________________________

Address: _______________________________________________________________________

Street address _____________________________ City/Town _____________________________

State/Province _____________________________ Zip code _____________________________

Country

Phone (h): ____________________________ (w) ____________________________

E-mail: ________________________________ Fax: ________________________________

Language(s) spoken: _____________________________________________________________

Participant’s date of birth:__________________ Age: ____________

Gender:______________________________

Weight:______________________________ Height:______________________________

Primary Diagnosis: _____________________________________________________________

Additional Diagnoses and Medical information:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
Describe any assistance needed:

<table>
<thead>
<tr>
<th>Areas participant needs assistance</th>
<th>Describe assistance needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating</td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
</tr>
<tr>
<td>Standing</td>
<td></td>
</tr>
<tr>
<td>Sitting</td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
</tr>
</tbody>
</table>

Special equipment needs (if any):

_____________________________________________________________________________

Describe current personal goals undertaken by Participant:

Goal:___________________________________________________________________________

___________________________________

Goal:___________________________________________________________________________

____________________________________________

Goal:______________________________________________

_____________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

What types of programs or activities is Participant involved in to support personal goals?

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________
Describe personal goals you would like us to work toward with the Participant:

Goal:___________________________________________________________________________
_______________________________________________________________________________

Goal:___________________________________________________________________________
_______________________________________________________________________________

Goal:___________________________________________________________________________
_______________________________________________________________________________

What are Participant’s reactions to: Large animals:____________________________________
Strangers:__________________ Noise: ___________________ Water: _____________________
Swimming ability: ____________________ Floatation devices used: _______________________

Describe abilities with: (if applicable)

<table>
<thead>
<tr>
<th>Colors</th>
<th>Numbers</th>
<th>Shapes</th>
<th>Alphabet</th>
<th>Words/Sentences</th>
<th>On-Task</th>
<th>Behavior</th>
<th>Other</th>
</tr>
</thead>
</table>

Do you have any additional questions or concerns?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Please attach any additional information you may wish to include about the Participant.

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