

Date: _____



Exceptional ART: Creative Classes for Adults with Disabilities

Please take the time to fill out this form so that we can better know our students. Thank you!

Student Name: _____ Student Age _____

Other Programs Student Attends: _____

Parent or Guardian's Name: _____ Email: _____

Phone # _____ Cell # _____

Emergency Contact: _____

Student's special needs:

Does he/she require support staff at other programs?

Is he/she able to manage their own behavior safely without you in the room?

What do you hope he/she will get out of an art class:

Things that allow us to better help student in class: (helpful supports like physical adaptations, behavior modifications, technology, etc)

What activities does he/she enjoy most?

What are their strengths or talents?

What art material(s) does he/she most enjoy working with?

Does he/she have food or other allergies?