



Sensory-Friendly Dance Class Questionnaire

Thank you for your interest in our sensory-friendly dance class! Please help us create the best possible experience for your child by answering the following questions. Your responses will help us better understand your child's needs and ensure a safe and enjoyable environment. Please email completed form to evolvedanceinfo23@gmail.com.

1. **Child's Name:** _____

2. **Child's Age:** _____

3. **Does your child have a diagnosis?**

(Please share as much information as you feel comfortable, to help us support your child better.)

4. **Does your child attend school or daycare with other children regularly?**

Yes

No

If yes, please specify:

○ School/Daycare Name: _____

○ Grade/Class: _____

5. **Does your child receive Physical Therapy (PT) or Occupational Therapy (OT) services?**

Yes

No

If yes, please specify the services received and frequency: _____

6. **Does your child have an Individualized Education Plan (IEP) that determines movement needs or requirements?**

Yes

No

If yes, please provide any key details that would help us accommodate these needs: _____



7. **Does your child require an AAC (Augmentative and Alternative Communication) or PEC (Picture Exchange Communication) device for communication?**

Yes

No

If yes, please share what kind of device or system they use, and any specific support they may need during class: _____

8. **Are there any special accommodations you would like us to be aware of for your child?**

(Please include sensory sensitivities, preferred communication styles, or any other specific needs.) _____

9. **Is there anything else you feel we should know to ensure your child has a positive and successful experience in our sensory-friendly dance class?** _____
