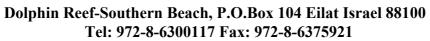
"Supportive Experience with the Aid of Dolphins"







РНОТО

Nam Addr	e of applicant ress	Telephone	
	e-mail:		
Sex_	Date of Birth	Place of Birth	
Occu	pation or School	Family Status	
Nam	e of Doctor or Permanent The	erapist*	
Telep	phone	Fax	
Addr	ress		
* Plo	ease attach medical permiss	sion or opinion.	
kgrou	<u>nd</u>		
1.	What is the diagnosis of t	he applicant	
2.	Reason for applying to th	e program	
3.	Present state of health		
4.	Past health problems		
5.	Treatments		
6.	Experience with animals		

Please confirm that this application has been presented with the knowledge and agreement of the patient and persons responsible (parents, doctor, therapist) and that the professional staff are permitted to receive this and other information as required. All details remain confidential. Please state if there are any limitations on this matter.

	Signature			
	Please provide (in your own words) the following information in order to help us better understand the ondition of the applicant.			
	General description (appearance - does it suit his/her age, behavior?			
-	What treatment (individual or group) has he/she received this year?			
	Motor skills development:			
	Sense perception (sight, hearing, touch, eye contact):			
	Level of concentration, attention span, perserverance, motivation, understanding:			
	Level of spoken communication (speech):			
	Independence in dressing, eating, sanitary habits, ability to follow instructions, acclimatization in familiar surroundings, sense of responsibility, relation to time:			
	Basic skills, readiness to read, write, recognition of numbers, shapes, level of drawing ability:			

What changes have taken place during the last year? Goals which have been achieved, not achieved-relationship with parents and surroundings:		
Conclusion and recommendations re level of learning, method of learning - is the applicant in need of frequent and strong encouragement? What needs encouragement? Level of ability to imitate, adapt:		