

**“Supportive Experience with the Aid of Dolphins”**  
APPLICATION FORM  
Dolphin Reef-Southern Beach, P.O.Box 104 Eilat Israel 88100  
Tel: 972-8-6300117 Fax: 972-8-6375921



**A. Personal Details**

Name of applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation or School \_\_\_\_\_ Family Status \_\_\_\_\_

Name of Doctor or Permanent Therapist\* \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

**\* Please attach medical permission or opinion.**

**Background**

1. What is the diagnosis of the applicant \_\_\_\_\_

\_\_\_\_\_

2. Reason for applying to the program \_\_\_\_\_

\_\_\_\_\_

3. Present state of health \_\_\_\_\_

\_\_\_\_\_

4. Past health problems \_\_\_\_\_

\_\_\_\_\_

5. Treatments \_\_\_\_\_

\_\_\_\_\_

6. Experience with animals \_\_\_\_\_

\_\_\_\_\_

7. Experience in the water (self-confidence, swimming ability, etc.)

\_\_\_\_\_

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.

**Name and position of person filling out application:** \_\_\_\_\_

\_\_\_\_\_ **Signature** \_\_\_\_\_

Please provide (in your own words) the following information in order to help us better understand the condition of the applicant.

1. General description (appearance - does it suit his/her age, behavior?)

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

2. What treatment (individual or group) has he/she received this year?

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

3. Motor skills development:

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

4. Sense perception (sight, hearing, touch, eye contact):

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

5. Level of concentration, attention span, perserverance, motivation, understanding:

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

6. Level of spoken communication (speech):

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

7. Independence in dressing, eating, sanitary habits, ability to follow instructions, acclimatization in familiar surroundings, sense of responsibility, relation to time:

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

8. Basic skills, readiness to read, write, recognition of numbers, shapes, level of drawing ability:

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

9. What changes have taken place during the last year? Goals which have been achieved, not achieved-  
relationship with parents and surroundings:

---

---

---

10. 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:

---

---

---