



# **Dolphin Research Center**

## **Special Needs Pathways Program**

*Motivational, Recreational, Educational*

Attached is the Special Needs Pathways program application that you requested. After Printing, please complete and return.

**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.**

**Mail completed application to:**

**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](mailto:joan@dolphins.org)**



**Dolphin Research Center**  
**Special Needs Pathways Program**  
*Motivational, Recreational, Educational*

***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:

Areas participant needs assistance	Describe assistance needed
Eating	
Dressing	
Toileting	
Standing	
Sitting	
Walking	

Special equipment needs (if any):

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Describe current personal goals undertaken by Participant:

Goal: \_\_\_\_\_

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Goal: \_\_\_\_\_

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Goal: \_\_\_\_\_

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

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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)

Colors	
Numbers	
Shapes	
Alphabet	
Words/Sentences	
On-Task Behavior	
Other	

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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