

ADAPTIVE STUDENT INTAKE FORM

Sit down with the parent or caregiver for 15 minutes before the first class. Every answer here is something your coach would otherwise learn the hard way, in front of the class.

1 STUDENT AND CONTACTS

Student's name			Goes by		
Date of birth			Start date		
Parent or guardian			Phone		
Email					
Emergency contact		Relationship		Phone	
Second contact		Relationship		Phone	

2 HEALTH AND SAFETY

Share only what the family is comfortable sharing

Diagnoses or conditions (optional)	Medications that affect training (energy, balance, heat)
Allergies, seizures, or other medical alerts	Movements or positions to avoid

Uses or brings to class

- ☐ Wheelchair
 ☐ Walker or crutches
 ☐ Braces or orthotics
 ☐ Hearing aids
 ☐ Glasses
 ☐ Communication device
 ☐ Other _____

Support needed during class

- ☐ Bathroom help
 ☐ Extra water breaks
 ☐ Rest breaks
 ☐ Aide or parent on the mat
 ☐ None

3 COMMUNICATION

How the student communicates

- ☐ Speaks in full sentences
 ☐ Some words or phrases
 ☐ Sign language
 ☐ AAC device or app
 ☐ Picture cards
 ☐ Gestures

Instructions work best when a coach

- ☐ Shows first, then says
 ☐ Gives one step at a time
 ☐ Uses visual cue cards
 ☐ Allows extra time to respond
 ☐ Guides physically, with permission

Is it OK for a coach to touch the student to adjust a stance or technique?

- ☐ Yes
 ☐ Ask first each time
 ☐ No

Words, phrases, or signs the coach should know (for "stop," "break," "bathroom," "all done")

4 SENSORY NEEDS

Sensitive to

- ☐ Loud noise
 ☐ Music
 ☐ Kiais and yelling
 ☐ Bright lights
 ☐ Crowds
 ☐ Being touched
 ☐ Uniform fabric
 ☐ Bare feet on the mat

Helps in class

- ☐ Headphones
 ☐ Quiet corner to reset
 ☐ Fidget or comfort item
 ☐ Same spot on the mat
 ☐ T-shirt instead of a gi
 ☐ Other _____

5 STRENGTHS AND TRIGGERS

What the student is good at or loves

What tends to overwhelm them

Early signs they're getting overwhelmed

What helps them calm down

Words, actions, or situations to avoid

6 ROUTINE AND TRANSITIONS

Needs a warning before moving to a new drill or ending class?

☐ Yes ☐ No How long before? _____

Would a picture schedule of the class help? (warm-up, kicks, pads, game, bow out)

☐ Yes ☐ No ☐ Not sure yet

Anything about the student's day or week that affects class (school, therapy, meds timing)

7 GOALS

What the family hopes training will help with

☐ Fitness ☐ Confidence ☐ Making friends ☐ Focus ☐ Coordination ☐ Self-defense ☐ Earning belts ☐ Having fun

The student's own goal, in their words

What a great first month would look like

8 CLASS FORMAT AND BELTS

Family's preferred starting format

☐ Private lessons ☐ Dedicated adaptive class ☐ Regular class with support ☐ Not sure, let's try one

Individual belt goals agreed with the family (what the student will show at their first test)

9 PERMISSIONS

The family agrees this information can be shared with the student's coaches

☐ Yes ☐ No

Photos or video of the student may be used on the school's website or social media

☐ Yes ☐ Yes, without name ☐ No**This form doesn't replace your liability waiver.** Every student still signs your standard waiver before training.

Parent or guardian signature _____

Date _____

Completed with (coach) _____

Review date _____