



# Challenge Aspen Mainstream Buddy Questionnaire

In order to most effectively accommodate the growing need for Mainstream Buddies for group ski lessons, Challenge Aspen has devised this questionnaire to help assess participant needs.

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Student's Age** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Disability Information:** (Please provide as much information as possible.)

**Cognitive:**

Developmental Disability \_\_\_\_\_  
Learning Disability \_\_\_\_\_  
Behavioral Disability \_\_\_\_\_  
Other \_\_\_\_\_

**Physical:**

Visual Disability (Vision) \_\_\_\_\_  
Auditory Disability (Hearing) \_\_\_\_\_  
Mobility Disability (Movement) \_\_\_\_\_  
Other \_\_\_\_\_

**Medical Information:**

Medication(s)	Taken For...	Schedule/Directions for Use
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Siezuers?** Yes No Notes: \_\_\_\_\_

**Diabetes?** Yes No Notes: \_\_\_\_\_

**Allergies?** Yes No Notes: \_\_\_\_\_

**Help Required In Restroom?** Yes No Notes: \_\_\_\_\_

**Help Required Eating?** Yes No Notes: \_\_\_\_\_

**Other Help Required?** Yes No Notes: \_\_\_\_\_

Describe behavioral, attention deficit, learning challenges that may effect the student in a group lesson.

\_\_\_\_\_

**Date(s) Requested:** Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

**What type of lesson is the student taking?** Ski \_\_\_\_\_ Snowboard \_\_\_\_\_

**Parent/Guardian (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Emergency Contact Telephone** \_\_\_\_\_ / \_\_\_\_\_