



Dance Abilities Parent Partner Form

Dancer's Name: _____

We are so excited to be parting with you in having a successful dance experience! Any insight you can provide about your child will be helpful so that we can strive to nurture a compassionate, courageous and strong dancer every "step" of the way.

Child's Diagnosis (optional): _____

Overall Interests: _____

Please help us support your child by sharing any challenges and/or worries you have starting this program:

At DANCE UNLIMITED, we want to best support your child in achieving his/her goals. Please share your hopes and dreams for your child as they become a member of the Dance Abilities community!

DANCE UNLIMITED teachers want to provide meaningful opportunities for ultimate participation. Please share any information that will promote success for your dancer (ie. behavior systems, IEP goals, ISP plans....)

Is there anything else you would like us to know about your child?
