Supplemental Health Information about SPLASH Participants

Please list any special services that the participant may require:

________________________________________________________________________

________________________________________________________________________

Is the participant subject to seizures?  ___ yes  ___ no

If yes, indicate the type, frequency and characteristics of the seizures, as well as the factors that may cause the seizures:

________________________________________________________________________

________________________________________________________________________

Provide a general description of the participant's special needs, including any physical, mental, or behavioral characteristics/needs. Any information that would help the participant's Aggie buddy plan lessons and work with the participant is appreciated:

________________________________________________________________________

________________________________________________________________________

Specify any exercises/activities that you would like to see the participant and his/her Aggie work on together:

________________________________________________________________________

________________________________________________________________________

Specify any exercises/activities to avoid:

________________________________________________________________________

________________________________________________________________________

This form must be completed and returned to the address noted above before a registrant may participate in the SPLASH Program.