



Down Syndrome Achievement Centers
educate. inspire. believe.

Twin Cities, MN

EPIC Application

Winter 2019

(Ages 18+)

Please send your application to programstwincities@gigisplayhouse.org
Or GiGi's Playhouse Attn: Ashley Olthoff 4740 Park Glen Road, St Louis Park, MN 55416

Program Description:

Join us for 10 weeks of skill building! EPIC (Empowerment, Participation, Independence & Community Involvement) will focus on communication skill development, nutrition, fitness and healthy eating. Participants will set SMART goals and track their progress throughout the program. Participants should wear comfortable athletic clothing and plan to eat dinner at the Playhouse each week.

Class meets on Thursdays, 5:30-8:30 pm

Program Start Date: February 14th

Program End Date: April 18th

Registration Window: December 10- January 4th

Those new to the program will receive priority in enrollment. We will announce acceptance into the EPIC program on Monday, January 7th via email.

*Please thoughtfully and thoroughly complete this application with your EPIC participant.
If applying for more than one participant, please fill out separate application forms.*

Application Date: _____

Participant

First Name: _____ Last Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Gender: ___ Male ___ Female Birthdate: _____ (Age: _____)

Caregiver/Guardian

Name: _____

Home/Work Number: _____ Cell Phone Number: _____

Parents/Guardian Email Address: _____

Emergency Contact (other than parent/guardian)

Name: _____ Phone Number: _____

Please rank the following skills for your learner by checking the appropriate box:	Present	Emerging	Not Present
Responds to Greetings / Farewells			
Attends to Speaker/Listens to communication partner			
Initiates conversations			
Responds to questions			
Maintains appropriate space			
Makes appropriate comments			
Recognizes emotions of others			
Expresses Feelings			
Stays on conversational topic			
Appropriate Volume for Situation			

Please check any known food allergies or food sensitivities:

(We are unable to alter or accommodate the menu after registration closes. Please list any food concerns here to help our planning)

- Gluten
- Dairy
- Soy
- Other, list all other allergies or sensitivities _____

What are some common accommodation tools that work well to support your participant's learning?
(Example: visual schedule, reminders before transitions, giving him/her a calm down area)

What are a few examples of motivators that help your participant stay focused and/or engaged:

What helps your participant calm down if he/she becomes frustrated or upset?

Other Important Information for our instructors to know:

Participant Questionnaire

Your EPIC participant **must** complete the following questions. You may read them the questions, write their answers or have him/her complete them independently. Please indicate which method you use to complete the questions to help us better understand your participant's learning needs.

1. What are some foods you enjoy?

2. What are a few things you are proud of being able to do?

3. What are some things you would like to learn more about?

4. What are some of your favorite fitness activities?

5. Have you participated in physical activity or sports in the past 2-3 years? If so, please list.

6. How much support did your EPIC participant require in filling out this questionnaire?

- A. None
- B. Someone read the questions to me and I wrote the answers
- C. Someone read the questions to me and wrote the answers for me

*It is highly encouraged for all participants, their families and EPIC volunteers attend the EPIC Orientation to ensure we start the first week already understanding the program goals, structure and expectations. Are you able to attend the Orientation on Thursday, January 31st from 6-7 pm?

- Yes
- No

○ If no what is the reason?: _____

EPIC Physician's Note for Physical Fitness

We require a Physician's Note for Physical Fitness to be able to participate in our fitness portion of the program. This note is only needed once every 12 months to participate in the program. If you are new to the program this winter, we need you to submit this note by the Orientation on January 31st. You will receive a copy of the note in your confirmation email when we announce acceptance into the program on Monday, February 7th. Please email Ashley Olthoff with any questions: aolthoff@gigisplayhouse.org.

Completed Physician's notes can be sent to:

Ashley Olthoff- GiGi's Playhouse Program Manager

Email: programstwincities@gigisplayhouse.org

Mail: GiGi's Playhouse 4740 Park Glen Road, St Louis Park, MN 55416