



## *Participant Application & Information*

Dear Parents and Caregivers,

Thank you for your interest in the special programs we provide at Island Dolphin Care. We are excited to share with you our programs that were developed to assist children and adults with special needs and their families. Island Dolphin Care provides programs for those dealing with developmental/physical disabilities, emotional challenges, and critical and chronic illness.

Island Dolphin Care was created by Deena Hoagland LCSW, CHT. In 1990, Deena and her husband Peter brought their son Joe to Dolphins Plus to swim with the dolphins. The family was hoping that swimming would encourage Joe to use the left side of his body – weakened by a stroke which occurred during his third open-heart surgery. Joe had not responded well to traditional physical, speech and occupational therapies. Joe began to practice his therapy exercises with the dolphins. He found fun and satisfaction in completing his exercises assisted by the unconditional support from the dolphins. With his ‘new’ therapy, Joe was able to increase his muscle tone and flexibility, as well as his self esteem! Joe and his special friend “Fonzie” bonded, and together they were determined to help Joe regain his physical strength. Today Joe is a young adult and has few remaining signs of his stroke. Deena theorized that if the dolphins could motivate and encourage her son, they might do the same for other children and families. Out of this experience, IDC developed a unique form of therapy for children in need of motivation, encouragement and joy.

Island Dolphin Care became incorporated in 1997 as a not for profit organization. Since that time, Island Dolphin Care has been working with children and families with special needs from around the world. Our Board of Directors, which includes professional staff as well as Board certified physicians’, works closely with our staff.

Enclosed in this packet of information are: • Criteria necessary to participate in our programs • An application to participate • A description of our 5 day programs. We request a great deal of information from you so that we can offer to you the safest and best program possible. Once we receive the information, we will contact you should our staff have any questions and to schedule your reservation.

We look forward to meeting you and providing for you and your family the experience of a lifetime!

Sincerely,

The Island Dolphin Care Staff

Program Description:

**Dolphin Time-Outs: 5-day**

A fun-filled, 5-day program swimming and playing with dolphins! The unconditional love and acceptance displayed by the dolphins and staff provides an enthralling, motivational catalyst for participants!

**5-day program includes:**

**Orientation (one hour) -Monday Morning**

**Monday-Thursday: 1 *daily* classroom session (approximately 30 minutes each) /total of 4 classroom sessions.** Recreational/ educational, creative classroom sessions are conducted to enhance and reinforce the water sessions. Activities are tailored to the needs and abilities of the participant. Parents and siblings are encouraged to participate in classroom sessions.

**Monday-Thursday: 1 *daily* swim session (approximately 20 minutes each)/total of 4 individualized swim sessions.** The participant will swim with and be held by an Island Dolphin Care therapist. Swim programs are designed by our staff for each individual based on their needs, abilities, and safety concerns. Please read the following swim program options:

**Friday: 1 *natural* swim (approximately 30 minutes)** participants are accompanied by **one parent**. At the end of each 5-day program, participants will enjoy swimming in a natural swim with the other 5-day program participants. While family members watch and siblings play in Fonzie's Backyard (touchtank), **one parent** will have the incredible opportunity to swim with the participant in a natural swim!

The therapy team reviews every application carefully. They will recommend either a **STRUCTURED** program or a **NATURAL** program for the participant based on the abilities, safety, medical condition or size of the participant.

**Structured program:** participants will work and play one to one with their therapist and a dolphin. Please note that only the therapist is allowed in the water to hold the participant during these therapy sessions. When appropriate, siblings are invited to assist on the platforms and will be invited into the water to play one time.

**Natural swim:** participants will have the wonderful opportunity to swim with the dolphins in their world. A therapist will hold each participant in the water to enjoy this relaxing and refreshing swim. Participants can listen to the dolphin's clicks and whistles and observe the dolphins as they swim close by! When appropriate, family members may be invited to participate. In this setting there are no opportunities to touch the dolphins.

**Note:**

- A short (English only) summary of the week's activities and progress is available upon request to be shared with doctor's, teachers and other family members. Please notify your therapist upon arrival if you would like a summary.
- **Island Dolphin Care, inc. is a recreational, motivational, and educational program. This is not a medical treatment and dolphins do not provide miracle medical cures or change a medical diagnosis.** Island Dolphin Care utilizes traditional educational methods & therapeutic techniques to assist all participants in working towards their goals in a non traditional/ alternative setting.
- **5 day program fee: \$2,200.00 (U.S.) A deposit of 50% is required to confirm your reservation.**

### Criteria for Acceptance:

1. Completed application form.
2. A 10 minute DVD or CDR is **required** with all applications. Reservations cannot be confirmed without the therapists reviewing the DVD or CDR. The DVD or CDR should show participants interacting with others, and how they respond when a demand is placed upon them. The DVD or CDR helps the therapy team design and individualize the educational program. If you are attending the program with a specific goal please film the participant's present level of functioning in this skill area.

We accept DVD or CDR. You can upload and e-mail a short video using websites such as : [www.yousendit.com](http://www.yousendit.com)

**Do not send VHS video tapes as we are unable to view them.**

3. Participants must be a minimum of three years old. There is no age limit as long as the participant can be held safely by an Island Dolphin Care therapist in the water.
4. Participants must not have open wounds
5. Participants must not have a fear of animals, water or strangers.
6. This program is NOT appropriate for participants that display aggressive behaviors. Participants must not be aggressive. (Biting, pinching, or hitting behaviors could harm the animals or therapists.)
7. Participants with limited head control will be evaluated on an individual basis- please send a detailed video so that the therapy team can determine the safety of providing programs in deep water.
8. Participants must wear a floatation vest and accept being held by a therapist in the water. The participant will be held by an IDC therapist at all times during the program Monday - Thursday. Parents or caregivers will not hold participants or enter the water during the program Monday - Thursday.
9. It is helpful to include in your application any recent medical, psychological, or school reports (in English). If your reservation is scheduled far in advance please update the staff of any changes prior to your arrival.
10. Participants having seizure disorders will be evaluated on an individual basis.

**The application must include a doctor's note stating it is safe for the participant to swim in deep water.**

11. We do our best to have interns of all languages. It is helpful to have a family member understand and speak English - Please advise us at the time of your application if you do not speak any English so that we can try to accommodate you.
12. Children that are not toilet trained **MUST** wear protective pants/swim diapers during all water sessions.

**Note:** The therapy team will review your reservation request once they have received all of the following:

**1) Completed IDC Application, 2) Recent Doctor's/Therapy reports and 3) DVD or CDR**

It will speed up the reservation process if you submit all 3 items to IDC at the same time! Due to interest in our programs, Island Dolphin Care reviews applications and offers reservations on a first-come, first-serve basis.

Important Note: Island Dolphin Care reserves the right to cancel any reservation or modify the therapy program of any child that does not meet the above criteria.

**THIS SIGNED FORM, MUST ACCOMPANY ANY APPLICATION SUBMITTED.**

Parents often ask for references about our program. Reporters, photographers and writers often ask to interview families who have participated at Island Dolphin Care. Please let us know if you are willing to speak with other parents or members of the media, or if we may use photos of your child for our brochures and other general purposes. Please indicate your preference:

Yes, IDC may give my telephone number to other parents

No, IDC may not give my telephone number to other parents

Yes, IDC may give my telephone number to the media

No, IDC may not give my telephone number to the media

Yes, IDC may use photos/likenesses for general purposes such as brochures, publicity, on-line newsletter etc.

No, IDC may not use photos/likenesses for general purposes such as brochures, publicity, on-line newsletter etc.

**Helpful Information:**

- **WEATHER, CANCELLATIONS, ETC.** Island Dolphin Care reserves the right to make changes to programs or even cancel sessions for reasons such as severe weather, water conditions, and animal well being. Island Dolphin Care makes every attempt to reschedule these sessions whenever possible.

- **IDC also reserves the right to remove from the water any child who by their actions are endangering themselves, other swimmers, the dolphins or interfering with others in the program. Deposits are non-refundable.**
- ◆ **Missed Sessions: Island Dolphin Care does not provide refunds in the event of family and/or child illness, late arrival or last minute cancellation. No refunds will be given for cancellations made less than twenty-four (24) hours or for those who do not show up for scheduled programs.**
  - ◆ **Cancelled reservations will only be refunded if we are able to fill the cancellation with another program applicant. We will make every effort to do so on your behalf.**
  - ◆ **Island Dolphin Care does not guarantee that a family will work with a specific dolphin or therapist.**
  - ◆ **Island Dolphin Care, Inc., Dolphins Plus, Inc. nor any other related agencies can control circumstances beyond their control, such as weather, acts of God, and illness of the dolphins and/or children. Island Dolphin Care reserves the right to cancel any reservation or modify the therapy program of any child that does not meet our program criteria as determined by our therapists. As such, it is possible that sessions may have to be canceled due to such circumstances. In any such event, neither Island Dolphin Care, Inc. nor Dolphins Plus, Inc. shall be responsible for reimbursement of related costs and expenses incurred by the child, the family and/or third parties. Such resulting costs and expenses shall be incurred at the risk of the child and his/her family and third parties.**

**In the event that you need to contact us, please call Island Dolphin Care (305) 451-5884. If the office is closed, leave a message and we will return your call.**

*By signing below, I agree that I have read and fully understand the above information. I attest that the participant meets all of the required criteria.*

***Signature of Parent or Legal Guardian***

***Dated***

\_\_\_\_\_

\_\_\_\_\_

**FAMILY & PARTICIPANT INFORMATION / APPLICATION**

*Must be completed in English. Feel free to use the back of the application to add additional information*

**Please make and keep a copy of this application for your files.**

Parents' Names: \_\_\_\_\_ Date of Application \_\_\_\_\_

\_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work #: (M) \_\_\_\_\_ (F) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

Mother - Name of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father - Name of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*\*\*\*\*

Name of Participant: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Diagnosis:

\_\_\_\_\_

What Languages are Spoken by Family and/or Participant:

\_\_\_\_\_

**Can the participant:**

Toilet Alone? Yes No Sit Alone? Yes No Dress Alone? Yes No  
Eat Alone? Yes No Stand Alone? Yes No Walk Alone? Yes No  
Crawl Alone? Yes No

Does the participant have head control? Yes No Can the participant swallow? Yes No  
Does the participant have vision? Yes No Can the participant hear? Yes No

**Comments (if applicable):**

---

---

---

---

---

---

---

---

Is the participant currently on any medications: Yes No If yes, please list below:  
Medication Date Prescribed Dosage Time Given Used For:

---

---

---

---

**Does the participant need special equipment? (Wheelchair, G-Tube, special seating, etc.) If so, please elaborate:**

---

---

**Name & Telephone Number of Participant's Primary Doctor:**

---

**Has the participant ever been admitted to a hospital/treatment center for psychological, medical, behavioral, or crisis situations?**

---

---

---

---

<u>Is the participant afraid of large animals?</u>	Yes	No
<u>Is the participant afraid of deep water?</u>	Yes	No
<u>Will the participant wear a life jacket?</u>	Yes	No
<u>Is the participant sensitive to loud noises?</u>	Yes	No
<u>Is the participant afraid of strangers?</u>	Yes	No
<u>Will your participant allow strangers to hold him/her?</u>	Yes	No

**ONLY** THE PARTICIPANT AND THE IDC THERAPIST WILL BE IN THE WATER DURING STRUCTURED DOLPHIN SESSIONS.

THE IDC THERAPIST WILL HOLD THE PARTICIPANT IN THE WATER.  
IT IS REQUIRED THAT THE PARTICIPANT WEAR A FLOTATION DEVICE.

-----

Is the participant enrolled in any type of school/educational program? If so, please describe the participant's classroom/school setting:

---



---



---

What are the participant's strengths and weaknesses:

---



---



---

Describe how the participant indicates what he/she wants:

---



---



---



---

Will the participant follow simple directions? Yes No

Please describe the participant's ability to follow directions:

---



---



---

**Describe, in general, the participant's behavior in public places/activities:**

---

---

---

---

---

**Is the participant aggressive (hitting, biting, kicking, temper tantrums)? If so, under what circumstances?**

---

---

---

**Does the participant display self-injurious behaviors? If so please elaborate:**

---

---

---

**Describe the items and activities that the participant enjoys:**

---

---

---

**Please identify favorite items/rewards/activities in these groups:**

**Food Items:** \_\_\_\_\_

**Toys:** \_\_\_\_\_

**Praise:** \_\_\_\_\_

**Physical Activities:** \_\_\_\_\_

**Describe what the participant would choose to do if left alone for a period of time:**

---

---

---

**What are your expectations and goals for the participant while at Island Dolphin Care? :**

---

---

---

**What are your long term expectations and goals for the participant?**

---

---

---

---

What have you heard about dolphin-assisted therapy? How did you hear about us?

---

---

---

What other therapeutic methods have you tried? What were the results?

---

---

---

Participant's siblings (if any): (Please include names, ages and gender) :

---

---

Who else will be joining you at Island Dolphin Care?

Name	Age	Relationship to Participant
------	-----	-----------------------------

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

What are their expectations while at Island Dolphin Care?

---

---

When do you wish to attend a program at Island Dolphin Care? For how long (1-3 weeks)?  
Please note that our 5-Day Therapy program runs from March through the middle of November.

---

Having read the descriptions of the two different types of 5-Day Therapy Programs (Structured Swims, Natural Swims), which program do you feel would be best for the participant?

---

**Note:** Your individualized program will include a natural swim with the dolphins. If so, one adult will swim with the participant. Who will that be? Please fill in the name here:

---

The adult must be able to swim and use a mask, snorkel, and fins. Availability for other family members to take part in any of the programs offered at Dolphins Plus must be scheduled at the time of the reservation. There is an additional fee for each person. Please review the enclosed Dolphins Plus brochure enclosed for the criteria.

***\*\*\*\*Families are encouraged to photograph and videotape the sessions\*\*\*\****

**PLEASE CIRCLE THE APPROPRIATE NUMBER THAT APPLIES TO EACH STATEMENT**

	0% Never	25% Sometimes	50% Often	75% Almost Always	100% Always
<b><u>Physical Information:</u></b>					
Can participant maintain head control?	1	2	3	4	5
Can participant walk?	1	2	3	4	5
Can participant bear weight (support body with arms and legs?)	1	2	3	4	5
Can participant extend arms?	1	2	3	4	5
Can participant grasp objects:	1	2	3	4	5
<b><u>Emotional &amp; Social</u></b>					
Can participant make and maintain eye contact?	1	2	3	4	5
Does participant interact with others?	1	2	3	4	5
Does participant have anxiety if separated from parents/caregivers?	1	2	3	4	5
Does participant acclimate to changes in environment?	1	2	3	4	5
<b><u>Behavioral</u></b>					
Does participant display aggressive behaviors?	1	2	3	4	5
Does participant display self injurious behavior? (head banging, biting, scratching, hitting)	1	2	3	4	5
Does participant have temper tantrums?	1	2	3	4	5
Is participant afraid to have strangers hold him/her?	1	2	3	4	5
<b><u>Language</u></b>					
Does participant vocalize (make vocal noises)?	1	2	3	4	5
Can participant use words or phrases?	1	2	3	4	5
Can participant use language to communicate?	1	2	3	4	5
Does participant use sign language?	1	2	3	4	5
Does participant use other forms of communication?	1	2	3	4	5
Does participant use communication device? _____ If Yes, what kind?					

---

**What type of communication does the participant use:**

---

Does participant respond to his/her name:	1	2	3	4	5
Can participant follow simple directions:	1	2	3	4	5
Is participant aware of changes in his/her environment?	1	2	3	4	5
Is participant very sensitive to heat/sunlight?	1	2	3	4	5
Does participant have any allergies?	1	2	3	4	5
Please specify what allergies					

---

**Other:**

You are aware that Island Dolphin Care is a recreational program and not a medical treatment?  
Yes\_\_\_\_ No\_\_\_\_

*Feel free to include any additional information about the participant on the back of this page!!*

When submitting this application, please include any documentation (ie. IEP's, therapy reports, etc.) that you feel would be relevant.