



ECHOES THEATER

SPECIAL NEEDS / NEURODIVERGENT ACTOR

INTAKE & PARTICIPANT INFORMATION FORM

Simpsonville, South Carolina

Creating a welcoming, supportive, and inclusive theater experience for every actor.

Actor's Full Name: _____

Preferred Name / Nickname: _____

Date of Birth	Age	Pronouns (optional)	Actor Phone
_____	_____	_____	_____

Home Address: _____

Parent / Guardian Name: _____

Relationship	Phone	Email	Preferred Contact
_____	_____	_____	_____

Emergency Contact Name: _____

Relationship	Primary Phone	Secondary Phone
_____	_____	_____

☐ Authorized to Pick Up: Yes ☐ No

Please provide information important to the actor's safety, participation, communication, or emergency response.

☐ Allergies: No ☐ Yes

Food Allergies / Reactions: _____

Medication Allergies / Reactions: _____

Environmental or Other Allergies: _____

Other Important Medical Information:

☐ Medical / Safety Considerations: No ☐ Yes

Diagnosis or diagnoses, if applicable:

☐ Speaks Verbally ☐ Short Phrases ☐ Full Sentences ☐ Sign Language ☐ Gestures
☐ PECS ☐ AAC Device ☐ Communication App / Tablet ☐ Picture Symbols ☐ Limited Verbal ☐ Non-speaking ☐ Other

How well can the actor communicate needs?

☐ Independently ☐ Usually Independently ☐ Occasional Assistance ☐ Frequent Assistance ☐ Familiar Person Needed

Best Communication Strategies: _____

How does the actor communicate 'Yes,' 'No,' 'Help,' 'Break,' or 'I am upset'?

What does the actor LOVE? _____

☐ Singing ☐ Dancing ☐ Acting ☐ Music ☐ Costumes ☐ Props ☐ Movement ☐ Reading ☐ Art ☐ Animals ☐ Movies / TV

Favorite characters, shows, movies, songs, or interests:

What motivates the actor to participate?

Effective rewards / positive reinforcers:

What does the actor dislike or try to avoid?

☐ No Known Sensitivities ☐ Sound ☐ Bright Lights ☐ Flashing Lights ☐ Crowds ☐ Touch ☐ Textures ☐ Smells ☐ Costumes
☐ Unexpected Noises ☐ Personal Space ☐ Other

Please explain sensory sensitivities or items to avoid:

Our goal is to understand the actor and recognize early signs of overwhelm so staff can provide appropriate support.

Situations that may cause the actor to become overwhelmed, upset, anxious, or dysregulated:

Early warning signs: _____

Common triggers for a meltdown or significant behavioral episode:

What should staff AVOID doing? _____

- ☐ Quiet Area ☐ Reduced Noise ☐ Reduced Lighting ☐ Time Alone ☐ Familiar Person ☐ Favorite Object ☐ Music ☐ Movement
☐ Deep Pressure ☐ Visual Schedule ☐ Verbal Reassurance ☐ Minimal Verbal Interaction ☐ Other

Preferred calming / regulation strategy:

Typical break frequency and length:

- ☐ Very Social ☐ Small Groups ☐ One-on-One ☐ Often Prefers Alone ☐ Needs Help Initiating ☐ Needs Help Maintaining
☐ Personal Space ☐ Taking Turns ☐ Waiting ☐ Group Directions ☐ Social Cues ☐ Unexpected Changes ☐ Criticism /
Correction ☐ Unfamiliar People ☐ Other

What social supports work best? _____

☐ Verbal Instructions ☐ Demonstration ☐ Visual Instructions ☐ Written Instructions ☐ Video Modeling ☐ Repetition ☐ One-on-One ☐ Small Group ☐ Other

☐ Needs Additional Processing Time: No ☐ Yes

Please explain processing or instruction needs:

☐ Memorizes Lines Independently ☐ With Assistance ☐ Modified / Reduced Lines ☐ Visual Prompts ☐ AAC / Communication Support ☐ Other

What helps the actor learn a script, song, dance, or scene?

☐ Crying ☐ Yelling ☐ Withdrawal ☐ Leaving Area / Elopement ☐ Hitting ☐ Kicking ☐ Biting ☐ Throwing Objects ☐ Self-Injury
☐ Property Destruction ☐ Freezing / Shutdown ☐ Repetitive Behaviors ☐ Other

Please describe behaviors staff should understand in advance:

☐ Actor attempts to leave supervised areas unexpectedly: No ☐ Yes

Successful prevention / response strategies:

Activity	Independent	Some Assistance	Full Assistance
Bathroom	☐	☐	☐
Eating	☐	☐	☐
Dressing / Costumes	☐	☐	☐
Following Directions	☐	☐	☐
Moving Around Facility	☐	☐	☐
Communication	☐	☐	☐
Transitions	☐	☐	☐
Managing Belongings	☐	☐	☐

Anything else we should know about independence?

☐ Participated in Theater Before: No ☐ Yes

If yes, please describe: _____

What does the actor enjoy most about performing?

What is the actor most nervous or concerned about?

What are the actor's theater goals?

☐ Parent / Caregiver / Aide / Support Person will assist: No ☐ Yes

Name / Relationship / Phone: _____

What type of support does this person provide?

My actor is happiest when: _____

My actor becomes upset when: _____

The best way to encourage my actor is:

When my actor is overwhelmed, please:

Please DO NOT: _____

One thing I wish every theater staff member knew about my actor is:

Anything else you would like the Echoes Theater team to know?

Accommodations or supports you would like to discuss before participation:

Photo & Video Release

By registering for this program, I understand that photographs and video of me and/or my child may be taken by City of Simpsonville Parks & Recreation staff and used to promote programs, leagues, events, and activities, including on social media, websites, printed materials, and other promotional media. I consent to this use without compensation.

Parent / Guardian Name: _____

I understand that the information provided is intended to help Echoes Theater understand and support the actor's communication, participation, safety, sensory needs, and emotional regulation. I agree to provide accurate and current information and notify Echoes Theater of significant changes. I understand this form is not a medical treatment plan, and theater staff are not medical professionals unless specifically identified.

Parent / Guardian Name: _____

Medical Waiver

In the event of serious injury or illness, I authorize the staff of Simpsonville Arts Center to act as my agent in obtaining medical care for the student listed on this form. I understand that I will be contacted using the information I have provided on the registration form.

Parent / Guardian Name: _____

Release of Liability

I will not hold staff, volunteers, or Simpsonville Arts Center liable for any loss, damage, or personal injury of any kind. I understand and assume any risks, dangers, or responsibilities connected with participation in the Simpsonville Arts Center Theatre.

Parent / Guardian Name: _____

Signature	Date	Best Phone	Email
_____	_____	_____	_____

Date Intake Received: _____

Staff Member Reviewing Intake: _____

Communication / Sensory / Regulation / Safety Supports:

Recommended Accommodations:

Additional Follow-Up Needed:

☐ No ☐ Yes

Follow-Up Date / Staff Initials:

CONFIDENTIAL PARTICIPANT INFORMATION

Access should be limited to individuals with a legitimate need to know how to support the actor's participation, safety, communication, and well-being.