



Small Champions of Colorado
PO Box 4691
Vail, CO 81658-4691

APPLICATION FOR SMALL CHAMPIONS

Small Champions provides sports and recreation programs for children and teens with disabilities that require special adaptive instruction and/or equipment to participate. **Applicants are required to be in a Significant Support Needs program/classroom.** The applicant’s primary residence must be in Eagle County, Colorado. Please review the Small Champions Eligibility document prior to submitting this application. We will review each application on a case-by-case basis. Admittance to the program is also based on space availability.

Please print or type

Child’s Name: First Name _____ Last Name _____

Age _____

Birth Date ____/____/_____

Parent(s) or Legal Guardian(s) Name _____

Mobile Phone(s) _____ Home Phone(s) _____

Email(s) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Child’s Disability: YES or NO. Please describe

Physical Disability: _____

Cognitive Disability: _____

Amputation: _____

Hearing Impairment: _____

Visual Impairment: _____

Seizure Disorders: _____

Please select and describe the child's current abilities as **PROFICIENT, EMERGING, or BEGINNING** for the following:

Safety:

Proficient: The applicant is physically and emotionally safe to self and others across all environments.

Y ___ N ___ Describe _____

Emerging: The applicant needs prompting and redirection to maintain their safety both physically and emotionally.

Y ___ N ___ Describe _____

Beginning: The applicant requires one on one support to maintain physical and emotional safety across all environments.

Y ___ N ___ Describe _____

Communication:

Proficient: The applicant uses expressive language to carry on a conversation and communicate his/her wants and needs.

Y ___ N ___ Describe _____

Emerging: The applicant has [] receptive language [] expressive language. Please check one.

Describe _____

Beginning: The applicant uses an augmentative communication device, American Sign Language, or other means to communicate.

Y ___ N ___ Describe _____

Physical:

Proficient: The applicant is able to access all environments independently with adequate ability to balance, walk, and the upper body strength to carry their belongings.

Y ___ N ___ Describe _____

Emerging: The applicant requires some support to access all environments.

Y ___ N ___ Describe _____

Beginning: The applicant requires one on one support to safely access all environments.
[] Wheelchair [] Walker. Please check if uses.

Y ___ N ___ Describe _____

Cognitive:

Proficient: The applicant is able to sustain attention to a given task, follow 4 step directions, focus and problem solve across all environments.

Y ___ N ___ Describe _____

Emerging: The applicant needs some support and prompting to follow directions, initiate tasks, sustain focus and organize themselves.

Y ___ N ___ Describe _____

Beginning: The applicant requires one on one support and redirection to focus on a given task and needs modifications in instruction to be successful.

Y ___ N ___ Describe _____

Medical:

Proficient: The applicant does not have medical needs that will need to be attended to during Small Champions activities.

Y ___ N ___ Describe _____

Emerging: The applicant has medical needs. Please list needs.

Y ___ N ___ Describe _____

Beginning: The applicant has medical needs that require one on one monitoring throughout the day.

Y ___ N ___ Describe _____

Community Recreation Participation:

Proficient: The applicant is able to participate in community recreation activities independently.

Y ___ N ___ Describe _____

Emerging: The applicant has participated in community recreation activities, and it has been determined that they require support to be successful.

Y ___ N ___ Describe _____

Beginning: The applicant has not participated in community recreation activities due to the level of support required and adaptations necessary for participation.

Y ___ N ___ Describe _____

What major life functions does the applicant's disability effect?

How do you feel participation in Small Champions will benefit the applicant?

What school does the applicant attend?

Please provide the name of the applicants special education teacher or case worker.

Please Note: If your child is accepted into the program you as the parent/guardian, or any family member will be required to either commit to 10 hours annually of volunteer time to Small Champions or pay a fee of \$300 annually. I will:

Volunteer 10 hours: _____ (Annually)

Pay fee of \$300: _____ (Annually)

Print Parent/Guardian Name

Signature of Parent/Guardian

*Applications for each Small Champion are required and reviewed annually.