For Office Use Only:
Date: ____
Child's Name: ____________________________________
VIN#: ____

LifeScape Go Baby Go Application

Thank you for your interest in Go Baby Go LifeScape. Please complete the following information to help us learn about your child. This information is required as part of the Go Baby Go LifeScape program to best match your child with a car. Recommended age of applicant is 1-4 years old. Older children will be considered on a case-by-case basis based on availability of larger sized ride-on cars.

If you have questions, you can reach Carla Covrig at 605-444-9708 or at gobabygo@lifescapesd.org. You can email application to gobabygo@lifescapesd.org or fax to 605-444-9701 Attn: Carla Covrig.

Child's Name: ___________________________________
Date of Birth: ___________________________________
Caregiver Name: _________________________________
Caregiver Phone Number: __________________________
Child's Address: _________________________________
Height of child: __________________________________
Weight of child: __________________________________
Diagnoses of child: _______________________________

Is your child involved in Physical or Occupational Therapy? Yes No

PT/OT Phone number/email: ____

Do we have your permission to contact your child's therapist regarding this application? Yes No

Where do you anticipate your child will use the car: *(please circle all that apply)*

Home School Community Outdoors Indoors

Other *(please explain):* ____

Please tell us about your child: *(Likes, dislikes, favorite colors, songs, activities)*

Does your child have experience with switches and/or switch toys? Yes No

If yes, what has your child used to activate a switch *(circle all that apply):*

Left Hand Only Right Hand Only Both Hands Foot Head Finger

Other *(please explain):* ____

Does your child have any visual limitations? Yes No

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Please answer the following questions about your child:

Activity	**Yes**	**No**
Is comfortable sitting fully upright		
Needs support for his/her head when sitting fully upright		
Sits on the floor without support		
Sits on a small bench without support		
Needs support at the sides when sitting to help with leaning		
Stands with assistance		
Stands alone		
Uses both hands/arms equally well		
Understands cause and effect		
Reaches and presses button on toy How far forward can child reach in sitting? ______ inches		
Isolates thumbs to press button		
Has experience with steering If yes, please list/describe:		

Please indicate your child's experience with movement by answering the following questions:

Activity	**Yes, does alone**	**Yes, does with help**	**Not at this time**
Rolls			
Scoots on his back			
Scoots on his bottom			
Belly crawls			
Crawls on hands and knees			
Walks with a device If yes, please list/describe:			
Walks without a device			
Propels a manual wheelchair			
Operates a power wheelchair			
Rides a tricycle			
Rides an adapted tricycle			