



AdaptAbility School Application

Congratulations on taking the first step to help your students experience the freedom of riding a bicycle!

This application is intended for us to learn about your school, students and their families.

Your answers are intended for our private use, if your school is chosen to receive an adaptive bicycle, we also reserve the right to share some details about your school, name and address, and photographs as part of our promotion of the program. You are giving us that permission by submitting this application.

CONSENT FORM:

I hereby give ADAPTABILITY sole permission to follow a line of investigation on any of the information I have provided on this application. This includes ADAPTABILITY contacting the applicant's school, agencies, care team, and or medical personnel listed anywhere on this application. I understand that ADAPTABILITY reserves the right to review and report internally and to a 3rd party the results of its review of my application as it deems appropriate. I also give ADAPTABILITY the right to use my child's name, medical condition, and photographs for promotional purposes on our website, social media, printed flyers, and any other promotional material we deem necessary if my child is chosen to receive a bike from ADAPTABILITY.

By entering your full name,

_____, you are effectively providing your signature,

_____, providing your permission to the above and indicating that all the information on this form is true and accurate, to the best of your knowledge.

THIS SECTION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN IF APPLICANT IS A MINOR AND/OR CANNOT SIGN. *

Application

Please complete the form below

School Name: _____.

School Address: _____.

School Phone Number: _____.

School Grades: _____.

Application Date: _____.

MM DD YYYY

Principal Name: _____.

First Name Last Name

Principal Email and Phone Number:

Email: <http://> _____.

Phone Number: _____.

Physical Therapist: _____.

First Name Last Name

Physical Therapist Email and Phone number:

Email: <http://> _____.

Phone Number: _____.

DEMOGRAPHICS:

How many teachers are in the School? _____.

How many students per teacher are in the School? _____.

Percentage of teachers with 3 or more years of experience in the School _____.

How many classrooms are in the School? _____.

Does the school offer gym class? _____.

How many days of gym class? _____.

Does the school offer different language classes? _____.

How many students are in the School? _____.

How many students with special needs are in the School? _____.

Please describe type of special needs or disability in the School:

How many students with special needs take physical therapy in the School? _____.

How many days students with special needs take physical therapy in the School? _____.

Please describe the physical therapy equipment use in the School:

Does the school have any knowledge about Adaptive Bicycles? _____.

How did the school learn about Adaptive Bicycles? _____.

When did the school learn about Adaptive Bicycles? _____.

Does the school have Adaptive Bicycles? _____.

How many Adaptive Bicycles the School have? _____.

What brand are the Adaptive Bicycles in the school? _____.

Can you mention the different styles of Adaptive bicycles the School has?

_____.

_____.

Can you mention the different sizes of Adaptive bicycles the School has?

_____.

_____.

How many students with special needs take occupational therapy in the School? _____.

How many days students with special needs take occupational therapy in the School? _____.

How many students with special needs take speech therapy in the School? _____.

How many days students with special needs take speech therapy in the School? _____.

Does the School provide transportation to students? _____.

Does the School have a dress code or uniform? _____.

Does the School have sports teams? _____.

Does the School offer classes on how to ride a bicycle? _____.

Please describe using percentage (%) the gender in the School:

Female _____

Male _____

What is the percentage of students finishing the school year? _____.

What is the percentage of students graduating from the School? _____.

Please describe using percentages (%) the diversity in ethnics groups in the School:

Black _____

Hispanic _____

White _____

Two or more races _____

American Indian _____

Alaska Native _____

Hawaiian Native _____

Asian _____

Pacific Islander _____

Other _____

Please describe using percentage (%) the families' income in the School:

\$0 - \$20,000 _____

\$20,001 - \$40,000 _____

\$40,001 - \$60,000 _____

\$60,001 - \$80,000 _____

\$80,001 - \$100,000 _____

\$100,001 - Up _____

How did you hear about **AdaptAbility**?

Any information you would like to share that is not asked on the application or any supporting information please email to believe@adaptabilitybike.org

We are very excited that you are part of our pilot program in schools.

We will do everything we can to help your school to get more Adaptive Bicycles as well as all the schools in your state.

We wish you luck and please contact us at believe@adaptabilitybike.org

If you have any questions or concerns.

Thank You.

ADAPTABILITY

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Brooklyn, New York

believe@adaptabilitybike.org

adaptabilitybike.org

