



AMDA College of the Performing Arts
LOS ANGELES

The American Musical and Dramatic Academy
NEW YORK CITY

MOVEMENT MODIFICATION FORM

AMDA DISABILITY RESOURCE CENTER

Phone: (646) 823-5297

Email: DRC@amda.edu

Movement Modification Form

(to be completed by licensed medical professional only)

Student Last Name: _____ First Name: _____ MI: _____

Program Title: _____

Dear Medical Provider,

The student named above is requesting that physical modifications be made in order to participate in one or more AMDA courses due to a disability or long-term medical condition. In order to safely assist the student in modifying movements, the Disability Resource Center requires that the student present documentation that describes the physical limitations they experience due to their injury or medical condition. Thank you for your assistance in providing this information!

Diagnosis: _____

Please indicate all activity for which you feel the student is a) cleared to participate fully, (b) cleared to participate with modification, or (c) not cleared to participate. If you feel that an activity is safe with modification, give the recommended modification.

Physical Activity	Cleared	With Modification	Not Cleared
Coordinate movement of arms, legs, and torso when body is in motion			
Sustained physical exertion for long periods of time (2-6 hours)			
Coordinate two or more limbs while sitting, standing, or lying down			
Quickly move the arms and legs			
Quickly and repeatedly bend, stretch, twist, or reach out with arms and/or legs			
Use bursts of muscle force to propel oneself (as in jumping, sprinting, throwing, etc)			
Use abdominal and lower back muscles to support parts of the body continuously over time			
Exert maximum muscle force to lift, push, pull, or carry objects			

Continued

Physical Activity	Cleared	With Modification	Not Cleared
Keep or regain body balance or stay upright when in an unstable position			
Make precisely coordinated movements with the fingers			
Weight bear and perform in a variety of shoe wear			
Bear weight through upper extremities or perform overhead lifting			
Participate in contact activity (e.g. stage combat or partnering)			
Shout/project voice in front of a large audience			
Other (please specify)			

The above-referenced condition's effects are: Permanent ☐ Temporary ☐
Expected duration is: _____ OR re-evaluation date is: _____

Please describe any specific physical modifications that you recommend for this student, or any other information you would like to provide.

Printed name of certifying professional: _____
Professional Title: _____ License #: _____
Email address: _____ Phone: _____

I certify that student named in this document has given me permission to release all information contained in this form for the purposes of assessment for reasonable accommodations.

Signature: _____ Date: _____