

# Beaches® Resorts

## PRE-TRAVEL SPECIAL SERVICES GUEST QUESTIONNAIRE

The following questionnaire is designed to help us better meet the needs of your children. We look forward to making your stay a fun and memorable experience for the entire family!

All information disclosed by the Guest(s) in this questionnaire is VOLUNTARY and OPTIONAL, and for Guest(s) / Child(s) benefit only. It will be kept strictly confidential by the hotel, its management, employees, agents, representatives, parent company, subsidiaries, and affiliates (together, the "Hotel"). The Guest(s) HEREBY KNOWINGLY AND VOLUNTARILY ACKNOWLEDGES AND AGREES the Hotel is not responsible for furnishing or supplying medical care, or acting as a medical physician, treator or provider, as pertaining to any disclosure or non-disclosure in this questionnaire. The Hotel also SHALL NOT be liable in any circumstance for any personal injuries arising out of or caused by: (1) the need for medical care and treatment, or (2) any disclosure or non-disclosure herein, including emotional distress, mental suffering, or psychological injury of any kind, and any consequential, incidental, punitive or exemplary damages.

### Booking Details

Primary Guest Name: \_\_\_\_\_  
Booking #: \_\_\_\_\_ Beaches Resort: \_\_\_\_\_  
Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Guest Information

Child's Full Legal Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Age: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Parent/Legal Guardian Name(s): \_\_\_\_\_

### Other family members/individuals traveling with your group

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age (if sibling): \_\_\_\_\_  
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Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age (if sibling): \_\_\_\_\_

### Tell us more

1. If your child is on the Autism Spectrum, please provide the level from 1 (high functioning) to 10 (severe). \_\_\_\_\_
2. What forms of communication are used by your child (verbal, non-verbal, PECS system, tablet/personal device, sign language)?  
\_\_\_\_\_
3. What therapy model (if any) is your child familiar with (ABA, Behavioral, Sensory diet, etc.)?  
\_\_\_\_\_
4. Are there any social or visual cues that should be noted?  
\_\_\_\_\_
5. When your child becomes upset what works well for calming them?  
\_\_\_\_\_
6. What are some triggers for your child's behavior?  
\_\_\_\_\_
7. Do you required wheel chair accessibility?  Yes, please contact me to make arrangements.  No.

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### Tell us more

8. What are your child's favorite activities/interests?
- a. Indoor/Outdoor play they enjoy: \_\_\_\_\_
- b. Movies/TV Shows or Music they enjoy: \_\_\_\_\_
- c. Games they enjoy: \_\_\_\_\_
9. What are your child's **least** favorite activities/interests? \_\_\_\_\_
10. In what situations does your child become over stimulated (i.e. large crowds, loud noises, lights, smells)?
- \_\_\_\_\_
11. What kind of swimmer is your child? Please list the level from 1 (a land mammal) to 10 (a fish)? \_\_\_\_\_
- a. Child's awareness of the dangers of water: \_\_\_\_\_
12. Is your child prone to wandering or eloping?
- \_\_\_\_\_
13. Does your child have dietary needs or food aversions?
- \_\_\_\_\_
14. What are your child's favorite foods?
- \_\_\_\_\_
15. Does your child have trouble sleeping in new places?
- \_\_\_\_\_
16. Are there additional challenges the staff should be aware of (including potty-training difficulties, bed-wetting, stress triggers, etc.)?
- \_\_\_\_\_
17. Are there any specific medical needs and/or medication notes not mentioned in the above?
- a. Seizures: \_\_\_\_\_
- b. Concomitant (Secondary) disorders: \_\_\_\_\_
- c. Medication Notes: \_\_\_\_\_
- d. Other: \_\_\_\_\_
18. All our resorts offer the services of an optional One-on-One "Beaches Buddy" that has undergone Advanced Certified Autism Certification by the prestigious International Board of Credentialing and Continuing Education Standards (IBCCES), trained to cater to special needs children and individuals of any age. (Cost is \$50 for 2 hours, \$10 every hour after).
- Are you interested in, or will you require, a One-on-One "Beaches Buddy" at any point during your stay?
- Yes, please contact me to make arrangements.  Maybe, please contact me; I'd like to know more.  No, not at this time.
19. Would you be interested in private, round-trip airport transfers for your family? (Costs vary depending on final destination and can be pre-booked through Island Routes Caribbean Adventures for travel within Jamaica. For Turks & Caicos, arrangements are set up through Special Services.)
- Yes, please provide me with more information.  No, I am not interested at this time.
20. Would you be interested in fast track arrival and departure services? (Costs vary depending on final destination and can be pre-booked through Island Routes Caribbean Adventures.)
- Yes, please provide me with more information.  No, I am not interested at this time.

Please feel free to include any additional information, which is important to you, not listed in the form.

\_\_\_\_\_

PLEASE EMAIL COMPLETED FORM TO YOUR TRAVEL ADVISOR OR DIRECTLY TO [SPECIALSERVICES@UVI.SANDALS.COM](mailto:SPECIALSERVICES@UVI.SANDALS.COM), OR CALL 844 360 9380