



## Athlete Information and Assessment

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Documented Disability: \_\_\_\_\_

Is athlete prone to seizures? If yes, what type? \_\_\_\_\_

Seizure plan of action (When is it considered an emergency?):

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If on the Autism Spectrum, is athlete sensitive to touch/textures? \_\_\_\_\_

Sensitive to light/sounds/stimulation? \_\_\_\_\_

Speech or language delays? \_\_\_\_\_

### Health/Physical Development

Describe your athlete's balance and coordination:

Describe your athlete's fine and gross motor skills:

Does your athlete have vision concerns including wearing glasses and/or corrective lens?

Does your athlete have hearing concerns? If so, please explain:

**Expressive/Receptive Communication and Listening**

"Does the athlete..."	Independently	Sometimes	Never	Comments/Additional Information
Indicate basic needs				
Use gestures/sign language to indicate needs				
Takes you to what he/she needs				
Use a communication binder/PECS cards to indicate a want/need				
Speak in simple sentences				
Answer questions				
Ask questions				
Carry a conversation				
Use speech than can be understood				
Respond to sounds and or music				
Respond to their name				
Respond to gestures like pointing to place to go				
Respond to one word direction				
Respond to more than one word direction				

"Does the athlete..."	Independently	Sometimes	Never	Comments/Additional Information
Follow one step directions				
Follow two step directions				
Follow more than 2 step directions				
Respond to words or questions immediately				
Need wait time to respond				
Communication Strengths:				

### Safety

"Does the athlete..."	Independently	Sometimes	Never	Comments/Additional Information
Recognize Danger				
Express fear				
Responds to words stop/no etc.				Please say which words and provide any needed additional direction:
Follow directions when requested during activities				
Run away from activities when given directions				
Please list and/or describe any other additional safety concerns				

**Socializing/Behavioral**

"Does the athlete..."	<b>Independently</b>	<b>Sometimes</b>	<b>Never</b>	<b>Comments/Additional Information</b>
Interact with Adults				
Interact with peers				
Express humor appropriately				
Express anger appropriately				
If not, then what has worked in the past to calm them down?				
Take turns				
Are there any special ways to engage your child in adult/peer interactions?				
Is there any additional information regarding socialization or any inappropriate behaviors?				

**Athlete's Interests**

Does your athlete like physical activity? \_\_\_\_\_

Play other sports or participate in other activities? If yes, please explain:

\_\_\_\_\_

Interact with peers/siblings? \_\_\_\_\_

Enjoy music? (If yes, include certain kind): \_\_\_\_\_

Have favorite activities/hobbies: \_\_\_\_\_

Have favorite interests? (TV shows, characters etc.): \_\_\_\_\_

Is there any other additional information regarding activities that you would like to share that your athlete likes or dislikes?

\_\_\_\_\_

\_\_\_\_\_

**Parent or Guardian must initial each**

\_\_\_\_\_ I have read the packet in its entirety and completely understand the season as it has been outlined in the packet and promise to uphold and abide by all of the procedures set forth.

\_\_\_\_\_ I have looked ahead at important events and dates and have included any conflicts with my registration packet.

\_\_\_\_\_ I understand by signing this release form I am financially responsible for the athlete named.

\_\_\_\_\_ I have read and agreed with the attendance expectations and policy for the 2019-2020 season.

\_\_\_\_\_ I give my permission for this assessment for to be shared with all coaches and volunteers working with this athlete in any capacity.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_