



EXCEPTIONAL ATHLETE ASSESSMENT FORM

Name of Team: _____

Full Name of Athlete: _____ Nickname: _____

Date of Birth: _____ Age: _____

Parent(s) Guardian(s) Support(s) Names and Relationship:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone

Home: _____ Work: _____ Cell: _____

Emergency Contact and Phone:

Name: _____ Phone: _____

Sibling(s) Name(s) and Age(s)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Documented Disability? _____

Medicine/Prescriptions: (Name & Dosages): _____

Reasons for Medications: _____

Is athlete prone to seizures? If yes, what type? _____

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Seizure Plan of Action (When is it considered an emergency?): _____

Wheelchair/Walker/Cane/Mobility Device: _____

If using a wheelchair, is it electric or manual? _____

Is athlete able to get in and out of chair on his or her own accord? _____

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

Sensitive to zippers, buttons, snaps, materials? _____

Sensitive to light/sounds/stimulation? _____

Sensitive to smells or fog/dry ice smoke? _____

Sensitive to temperatures? _____

Speech or language delays? _____

What types of things work best of awards and motivation? _____

Are there any fixations to speak of? _____

Does the athlete have a Physical or Occupational Therapist? If so, may we schedule a time to talk with the therapist to create a game plan together for the warm-up/stretch/ conditioning sections of practice?

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

Print Name: _____ Date: _____

Signature: _____

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EXPRESSIVE/RECEPTIVE COMMUNICATION AND LISTENING				
“Does he/she”	Independently	Sometimes	Never	Comments/ Additional Information:
Indicate basic needs				
Use sign language				
Use gestures etc. to indicate needs				
Take you to what he/she wants				
Use a communication binder/ or photo or picture to indicate wants or needs				Please elaborate:
Indicate choice between one or more items				
If yes, do they need to see choices or can they indicate choice from a verbalization of available choices				
Have a vocabulary of ten or more words that uses functionally				
Give personal information (name, age, address, phone, etc.)				
Speak in simple sentences				
Answer questions				
Ask questions & advocate for themselves				
Carry a conversation				
Use speech that can be understood				

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"Does he/she"	Independently	Sometimes	Never	Comments/ Additional Information:
Alert to sounds and or music				
Respond to their name				
Respond to gesture like pointing to place to go				
Respond to verbal direction only when picture is used too				
Respond to one word direction				
Respond to more than one word direction				
Follow one step direction				
Follow two step direction				
Follow more than two step direction				
Follow a visual schedule				If so please explain:
Follow a written schedule				If so please explain:
Respond to words or questions immediately				
Need wait time to respond				If does not respond then please explain:
Communicative Strengths:				

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SAFETY

“Does he/she”	Independently	Sometimes	Never	Comments/ Additional Information:
Recognize danger				
Express fear				
Respond to words stop/no etc.				Please say which words and provide any needed additional information.
Follow directions when requested during activities				
Run away from activities when given directions				
Please list and/or describe any other additional safety concerns:				

INTERESTS

“Does he/she”	Independently	Sometimes	Never	Comments/ Additional Information:
Like physical activities				
Play other sports or participate in other activities: If yes please describe				Additional information:
Interact with peers or siblings				
Interact with peers or siblings when play sports etc.				

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INTERESTS

“Does he/she”	Independently	Sometimes	Never	Comments/Additional Information:
Enjoy music				Any certain kinds:
Have favorite activities				Please list:
Have favorite interests: TV shows, characters, etc.				What type etc:
Is there any other additional information regarding activities you would like to share that this individual likes or dislikes?				

SOCIALIZING/BEHAVIORAL

“Does he/she”	Independently	Sometimes	Never	Comments/Additional Information:
Interact with adults				
Interact with peers				
Express humor appropriately				If not please explain:
Express anger appropriately				If not please explain:
If not then what has worked in past to calm child down?				
Take turns				
Share				

SOCIALIZING/BEHAVIORAL

Are there any special ways to engage your child in adult/peer interaction?				
Is there any additional information regarding socialization or any inappropriate behaviors?				

HEALTH/PHYSICAL DEVELOPMENT

Describe your child's balance and/or coordination.
Describe your child's gross motor skills.
Describe your child's fine motor skills.
Describe your child's regular exercise.
Does your child have any allergies? If so please explain.
Does your child have any special dietary needs? If so please explain.
Does your child have vision concerns including wearing glasses and/or corrective lens? If so please explain.
Does this individual have hearing concerns? If so please explain.

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If your child has Down Syndrome, has your child had an x ray indicating they do not have atlantoaxial instability?

Does this individual have any special health and/or physical development concerns not already listed or mentioned including but not limited to any general health concerns any medical conditions (seizures etc.) and medication that may interfere with participation or any other additional information? If so please explain.

SELF-HELP

Describe level of ability to:

Dress self

Put on shoes: Velcro

Put on shoes: tie

Toileting

Are there any other self-help skills or problems with self-help skills?

ADDITIONAL INFORMATION

Occupational Therapist:

Name:

Business Name:

Contact Information:

Any additional information:

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NAME:
INDIVIDUAL INTEREST FORM (TO BE FILLED OUT BY STUDENT IF POSSIBLE OR WITH ASSISTANCE FROM PARENT OR GUARDIAN)
List 5 things you like and/or like to talk about: 1. 2. 3. 4. 5.
What type of exercise or sports do you like?
What type of music do you like?
What do you want to learn how to do?
Any other additional information you would like to share:

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