

## ATHLETE INFORMATION SHEET - OPTIONAL

THIS FORM WILL HELP COACHES BETTER SERVE YOUR ATHLETE'S SPECIFIC NEEDS BY UNDERSTANDING THEM BETTER.

**Athlete Name:**

**DOB:** mm/dd/yyyy

### Type of Disability?

(i.e. Autism, Down Syndrome, Developmental Delay). Please use description if necessary.

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### Is there any additional important health information?

(i.e. visual, physical or hearing impairment)

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### Are there any behavior tendencies we should be aware of?

(i.e. Temper tantrums, anxiety issues, attention deficit problems, tends to run off)

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### Please indicate a behavior plan or suggestions on what works best for the athlete at home/school in regards to the behavioral issues.

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### Are there any non-behavior issues we should be aware of?

(i.e. Does not like loud noises, needs to be asked if they need to use the bathroom to avoid accidents)?

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### Please indicate any other useful information that may help us understand the athlete to better coach him/her.

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