

# ATHLETE PROFILE



ATHLETE NAME: \_\_\_\_\_ PARENT/GUARDIAN NAME: \_\_\_\_\_

Check all that apply to the athlete's communication tendencies and preferences:

- Verbal     Nonverbal     Some Verbal     Verbal When Prompted     Sign Language     Assistive Device

Check all that apply to the athlete's social behavior in an interpersonal setting:

- Advanced Social Behavior     Social Behavior When Prompted     Some Unprompted Social Behavior  
 Inexperience in Social Settings     Disengagement In Social Settings     Inappropriate Social Behavior

Please check all typical behaviors that the athlete exhibits:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Does not like bright lights | <input type="checkbox"/> Exhibits self-stimulatory behavior | <input type="checkbox"/> Resistance to change |
| <input type="checkbox"/> Does not like loud noises   | <input type="checkbox"/> Hyperactive                        | <input type="checkbox"/> Runs away often      |
| <input type="checkbox"/> Does not like whistles      | <input type="checkbox"/> Limited verbal skills              | <input type="checkbox"/> Sensitive to touch   |
| <input type="checkbox"/> Does not like yelling       | <input type="checkbox"/> Needs bathroom reminders           | <input type="checkbox"/> Short attention span |
| <input type="checkbox"/> Easily distracted           | <input type="checkbox"/> Needs to hydrate                   | <input type="checkbox"/> Temperamental        |
| <input type="checkbox"/> Easily upset or cries often | <input type="checkbox"/> Obsessive compulsive               | <input type="checkbox"/> Visually impaired    |

State any other behaviors the coaches should be aware of:

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Does the athlete have any triggers of inappropriate behavior the coaches should be aware of:

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Share any best practices for when those triggers arise:

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List the best behavior regulators for the athlete (privileges, praise, rewards that aren't food):

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List any other notes about the athlete that can help the coaching team this season!

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Request for 1:1 assistance at practice:     YES     NO     NOT SURE