

Pre-Season Athlete Success Form



Athlete Name: _____

Age: _____

Date: _____ Sport: _____ Who filled out this Form: _____

Athlete's Interests and Strengths

Athlete's Goals (Sport Specific and Personal)

Athlete's Communication

<u>Expressive Skills:</u> <input type="checkbox"/> Speech is understood by those outside their family <input type="checkbox"/> Uses complete sentences <input type="checkbox"/> Uses single words <input type="checkbox"/> Uses personalized communication (i.e. gestures, sounds) <input type="checkbox"/> Uses Sign Language <input type="checkbox"/> Non-Verbal	<u>Receptive Skills:</u> <input type="checkbox"/> Comprehends verbal language <input type="checkbox"/> Comprehends written language <input type="checkbox"/> Depends on visual cues or schedules <input type="checkbox"/> Modeling from other to enhance comprehension <input type="checkbox"/> Physical prompts (hand over hand) to enhance comprehension
<u>Comments:</u> <div style="border: 1px solid black; height: 60px;"></div>	

Effective Ways to Positively Engage the Athlete Outside of Activities & During Activities

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Athlete Behavior	Effective Strategies
Gets Along Well With Their Peers <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Enjoys Social Activities and Gatherings <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Can Be A Leader <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Uses Appropriate Touch/ Personal Space <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Physically Injurious (Self/Others) <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Uses Appropriate Language <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Does not like to be touched <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<u>(Prefers Light or Firm Touch)</u>
May Run Away or Dart <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Sensory Issues, Especially To Noises (Start gun, crowds, etc.) Please Explain: <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Triggers/ Ways To Calm When Upset: 	

Athlete's Medical Needs/ Physical Needs

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**Special
Olympics**
Wisconsin



Additional Notes