U.S. ALL STAR FEDERATION
USASF
CLUB CHEER & DANCE TEAMS

EXCEPTIONAL ATHLETE ASSESSMENT FORM

ATHLETE INFO

First name _____ Last name _____ Goes by _____

Date of birth _____ Age _____

Address _____

City _____ State _____ Zip _____

PARENT(S) / GUARDIAN(S)

Name _____ Phone _____

Name _____ Phone _____

OTHER SUPPORT STAFF / ASSISTANTS FOR ATHLETE

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SIBLING(S)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

DOCUMENTED DISABILITY _____

Does athlete take **PRESCRIPTIONS / MEDICINE** _____NO _____ YES / Please list

Rx name / dosage _____

Reason for medication _____

Rx name / dosage _____

Reason for medication _____

Continue Rx on reverse if needed

Is athlete prone to **SEIZURES**? _____ NO _____ YES / Type _____

Seizure action plan. When is it considered an emergency? _____

_____

_____

Does athlete use **MOBILITY AIDS** _____ NO _____ YES / Type _____

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

Does athlete need assistance getting in/out of wheelchair? _____ NO _____ YES

Is athlete on the **AUTISM SPECTRUM** _____ NO _____ YES

Please check any **SENSITIVITIES** your athlete may experience due to ASD.

_____ fabrics, zippers, buttons, snaps

_____ smells

_____ fog, dry ice, smoke

_____ temperatures

Has your athlete experienced **SPEECH** or **LANGUAGE DELAYS** due to ASD?

_____ NO _____ YES / Please describe _____

_____

_____

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

PARENT/GUARDIAN NAME *please print* _____

please sign _____ Date ____/____/____

PLEASE NOTE

This form is provided as a resource for USASF members and is not intended to be fully inclusive of all considerations for working with people with special needs. Members should further consult doctors and/or other professionals for advice regarding additional concerns that might affect a program for athletes with special needs.

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HEALTH / PHYSICAL DEVELOPMENT
Describe your athlete's balance and/or coordination.
Describe your athlete's gross motor skills.
Describe your athlete's fine motor skills.
Describe your athlete's regular exercise.
Does your athlete have any allergies? If so please explain.
Does your athlete have any special dietary needs? If so please explain.
Does your athlete have vision concerns including wearing glasses and/or corrective lens? If so please explain.
Does your athlete have hearing concerns? If so please explain.
If your child has Down Syndrome, have they had an x-ray indicating they do not have atlantoaxial instability?
Does your athlete 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?

SAFETY				
Does your athlete…?	Independently	Sometimes	Never	Comments/Additional information
recognize danger				
express fear				
respond to words stop/no etc.				Please list which words and provide needed information.
follow directions when requested during activities				
run away from activities when given directions				
Please list and/or describe any other additional safety concerns.				

EXPRESSIVE / RECEPTIVE COMMUNICATION AND LISTENING				
Does your athlete…?	Independently	Sometimes	Never	Comments/Additional information
indicate basic needs				
use sign language				
use gestures to indicate needs				
lead you to what he/she wants				
use a communication binder/ or photo or picture to indicate				Please elaborate.
indicate choice between one or more items				If so, do they need to see choices or can they choose from a verbalization of choices?
have a vocabulary of 10 or more words that uses functionally				
give personal information (name, age, address, phone)				
speak in simple sentences				
answer questions				
carry a conversation				
use speech that can be understood				
respond to sounds and/or music				
respond to their name				
respond to gestures like pointing to places to go				
respond to verbal direction only when picture is used also				
respond to one-word direction				Please elaborate.
respond to more than one-word direction				

EXPRESSIVE / RECEPTIVE COMMUNICATION AND LISTENING				
Does your athlete…?	Independently	Sometimes	Never	Comments/Additional information
follow one-step directions				
follow two-step directions				
follow more than two-step directions				
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 never, please explain.
Communicative strengths:				

SOCIALIZING / BEHAVIORAL				
Does your athlete…	Independently	Sometimes	Never	Comments/Additional information
Interact with adults				
Interact with peers or siblings				
Express humor appropriately				If not, please explain.
Express anger appropriately				If no, what helps to calm child?
Take turns				
Share				
Please describe special ways that may help engage your child in adult/peer interaction.				
Additional information you wish to share regarding socialization or any inappropriate behaviors:				

INTERESTS				
Does your athlete…?	Independently	Sometimes	Never	Comments/Additional information
like physical activities				
play other sports or participate in other activities: If yes please describe				
iwith peers or siblings				
interact with peers or siblings when playing sports etc.				
enjoy music				Describe
have favorite activities				Describe
have favorite interests, TV shows, characters, etc.				Describe
Additional information you wish to share regarding your athlete's likes or dislikes:				

SELF HELP		
Describe your athlete's level of ability to:		
dress self		
put on shoes	using velcro	tying laces
manage toileting		

OCCUPATIONAL THERAPIST *if applicable*
Occupational Therepist Name: Business Name: Contact Information:
Additional information:

INDIVIDUAL INTEREST *To be completed by student or with assistance from parent or guardian.*
ATHLETE NAME
List five things you like and/or like to talk about. 1. 2. 3. 4. 5.
What kind of exercise or sports do you like?
What kind of music do you like?
What do you want to learn how to do?
Do you wish to share additional information?

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