



Gift of Gym Pre-Session Questionnaire

To help us be prepared to work with your specific athlete, please answer the questions below to the best of your ability and return to your coach before beginning gymnastics classes.

Athlete Name:

Athlete DOB:

Name of adult that will be attending each practice:

1. Does your athlete have a specific identified intellectual disability? If so, please specify below. Please also indicate if your athlete has any physical limitations that we should be aware of.
2. Does your athlete have any emergency medications? Epi Pen?
3. Is there any medical history we should be aware of? History of seizures, allergies, etc.?
4. Is your athlete non-verbal? YES NO
If yes, does your athlete use a a specific mode of communication? (ie. Sign language, physical cues, communication device, PECS, etc.)
5. Does your athlete have a behavioral plan? Is there anything specific that causes your athlete to become upset/agitated? (ie. Loud noises, being touched, sensory processing, etc.)

6. If so, when this occurs what are some common tactics used to soothe them?
7. What are some good motivators for positive behavior that your athlete responds well to? (High Fives, stickers, breaks, verbal praise, etc.)
8. Has your athlete previously participated in sports, specifically _____?
YES NO
9. Is there anything else we should know about your child?