



Athlete Information Packet

Welcome to Big Sky Autism Project!

Fitness and nutrition are fundamental building blocks on which a healthy lifestyle is built for all individuals. Big Sky Autism Project is dedicated to providing movement based fitness programming for the ASD population of Montana. Our coaches are Certified Autism Fitness Professionals, recognized by the National Academy of Sports Medicine, Athletics and Fitness Association of America, and the American Council of Exercise.

Our philosophy in practice is *Improving Life Through Movement* in an environment of inclusion and acceptance by building a solid foundation of strength, stability, and motor planning in a way that is enjoyable for the athlete. BSAP programs consider each athlete from three areas of functional ability: Physical, Adaptive, and Cognitive. These criteria allow for the development of an individual-specific program.

In order to develop and implement an optimal program for each athlete, we need some preliminary information. The more accurate the information provided, the more comprehensive and successful the program. This information can aid in troubleshooting, short- and long-term goal setting. Please provide as accurate and truthful information as possible. No part of this form will be shared with any parties unless prior consent is given by a parent/guardian/caregiver.

Thank you for providing BASP with the opportunity to work with you and your athlete and improving life through movement.



Big Sky Autism Project Athlete Profile

Athlete Name: _____

Parent/Primary Caregiver Name: _____

Mailing Address:

Primary Phone Number: _____

Secondary Phone Number: _____

Email: _____

How did you hear about Big Sky Autism Project: _____

What are your goals for the athlete? _____

Does he/she have his/her own personal goals? _____



Section I: Athlete Medical History

Date of Birth: _____

Primary Diagnosis: _____

Date Diagnosed: _____

Any Secondary Diagnosis: _____

Date Diagnosed: _____

Other Medical Conditions including physical conditions / physical deficits:

Date Diagnosed: _____

When did the athlete begin crawling? _____

When did the athlete begin walking? _____



Is the athlete currently taking any prescribed medications OR dietary supplements AND for what purpose? _____

Does the athlete have any allergies including reactions to rubber, plastic, or ANY other materials? (Please circle)

YES NO

If YES, please explain: _____

Section II: Educational Profile

Where does the athlete attend school? _____

Is this a mainstream educational program with an inclusive component?

YES NO

Is this a Special Needs/Adaptive program exclusively for individuals with Developmental Disabilities?

YES NO



What grade or age group does the athlete belong to in the education program? _____

Is the program ABA-based?

YES NO

If NO (and if applicable), Please provide the modalities used for teaching and behavior management: _____

Are all activities in a self-contained class? (Please circle one)

YES NO

Does the athlete attend a physical education class? (Please circle one)

YES NO

If YES, please briefly describe the curriculum or focus of the PE program:



Are there any physical or gross motor goals listed on the athlete's current IEP? If so, what are they?

If the athlete currently receives services including (but not limited to) Speech Therapy, PT/OT, Behavior Therapy, Chiropractic within or separate from his/her educational program, please list below:

Is the athlete involved in any extracurricular activities including (but not limited to) sports, recreation, community involvement? (Please circle one)

YES NO

If YES, please explain: _____



SECTION III: Adaptive Profile

Are there any current target behaviors or behavior reduction plans in effect for the athlete?

YES NO

If YES, Please provide detailed explanation of the behavior(s) and treatment plan: _____

Does the athlete have a history of self-injurious (SIB) or Aggressive (AGR) behavior including (but not limited to) hitting/pinching/biting self, grabbing others, hitting others, property destruction? (Please circle one)

YES NO

If YES, please explain with as much detail as possible: _____



Section IV: Healthy Habits Profile

How often do you engage in exercise or physical activities (hiking, bike riding, etc.) as a family/group? (Please circle one)

0 times per week 1-3 times per week 3-6 times per week

How would you describe the general dietary practices of your household?

Does the athlete consume fruits, vegetables, and non-processed sources of protein on a regular basis? (Please circle one)

YES NO

If YES, please provide details about the types of foods:

The athlete's diet includes:

Fruits/Please list: _____

Vegetables/Please list: _____



Whole grains/Please list: _____

Meat/poultry/fish/Please list: _____

Dairy/Please list: _____

Processed foods/snacks/Please list: _____

The athlete watches _____ hours of TV (including video games, computer, iPad) each week: (Please circle one)

0

1-3

3-5

5-8

8-10

10+



Section V: Autism Fitness Program Participation Agreement

I, _____ (parent/guardian/caregiver name)
give consent for my _____ (relationship to athlete)
_____ (name of athlete)

to participate in a fitness/movement assessment session with Big Sky Autism Project. I understand that the initial assessment session will last in duration of 50-60 minutes and I can observe the session at any point. I understand that the purpose of the assessment session is to evaluate Physical, Adaptive, and Cognitive skills in order to develop an individualized fitness/movement program that can also be implemented in the home, classroom, or other appropriate environment. I understand that the session(s) may involve vigorous physical activity and that physical prompting or graduated guidance, in which the instructor physically guides the athlete through the movement pattern, may be used in order to demonstrate or teach a particular skill. If I have any questions or concerns, I am aware that I can contact Monique Prevel, Head Coach and Founder of Big Sky Autism Project, at BigSkyAutismProject@gmail.com.

Signature

Date



Use this page for any additional information you would like to provide about the athlete.