**New Athlete Intake Form**

**Big Sky Autism Project**

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 (BSAP) is dedicated to providing movement-based fitness programming for the ASD and special needs communities of Montana. Our Lead Coach is a Certified Autism Fitness Professional, recognized by the National Academy of Sports Medicine, Athletics and Fitness Association of America, and the American Council of Exercise. She is also a National Academy of Sports Medicine Certified Personal Trainer and is AED CPR/First Aid Certified by the American Red Cross.

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 the coach in longer on-task behavior times, short- and long-term goal setting, help with consistency across services, and assist in limiting meltdowns and maladaptive behaviors during sessions. Please provide as accurate and truthful information as possible. Services will not be denied based on information provided on this form.

All information provided to BSAP is kept confidential and not shared with any individual, organization, business, or authority outside of BSAP unless written consent is given by the client or responsible party to do so or BSAP is compelled to do so by state statute or law.

All documents are kept secure in electronic format for up to 5 years after termination of services. You may request electronic copies of your client file, at any time, at no cost. Hardcopies may be provided for an administrative fee of $0.20 per page plus postage. Most requests can be accommodated within 24 – 48 hours however, due to time constraints and availability, please allow 5 – 7 business days for requests to be fulfilled before contacting BSAP a second time regarding a copy of your file.

Thank you for providing BSAP with the opportunity to work with you and your athlete by improving life through movement!

Best Regards,

Big Sky Autism Project

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| **Big Sky Autism Project – New Athlete Intake Form** | | | | | | | | | | | | | | | | | |
| Athletes Full Name: | |  | | | | | | | | | | | | | | | |
| Athletes Nickname: | |  | | | | | | | | | | | | | | | |
| Parent/Responsible Party’s Name: | | | | | |  | | | | | | | | | | | |
| Mailing Address: |  | | | | | | | | | | | | | | | | |
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| Phone: |  | | | | | | | | | | | | | | | | |
| Email: |  | | | | | | | | | | | | | | | | |
| How did you hear about BSAP? | | | | |  | | | | | | | | | | | | |
| What are your goals for the Athlete? | | | | | | |  | | | | | | | | | | |
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| Does the Athlete have their own personal goals? | | | | | | | | | | |  | | | | | | |
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| **Section I: Athlete Medical History** | | | | | | | | | | | | | | | | | |
| Age of Athlete: | |  | | | | | | | | | | | | | | | |
| Primary Diagnosis: | |  | | | | | | | | | | | | | | | |
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| Age at time of Primary Diagnosis: | | | | | | | | |  | | | | | | | | |
| Secondary Diagnosis: | | | | | | | | |  | | | | | | | | |
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| Age at time of Secondary Diagnosis: | | | | | | | | |  | | | | | | | | |
| Other Medical Conditions: | | | | | | | | |  | | | | | | | | |
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| Does the athlete have any allergies including reactions to rubber, plastic, or ANY other materials? | | | | | | | | | | | | | | | | | |
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| Please list any services the Athlete is receiving including (but not limited to) Speech Therapy, PT/OT, Behavior Therapy, or Chiropractic? | | | | | | | | | | | | | | | | | |
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| **Section II: Athlete Educational Profile** | | | | | | | | | | | | | | | | | |
| Does the Athlete attend school? | | | | | |  | | | | | | | | | | | |
| Is this a mainstream educational program with an inclusive component? | | | | | | | | | | | | | | | | | |
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| Is this an adaptive program exclusively for individuals with Developmental Disabilities? | | | | | | | | | | | | | | | | | |
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| If Yes, is the program ABA-based? | | | | | | | |  | | | | | | | | | |
| What grade is the Athlete in? | | | | | | |  | | | | | | | | | | |
| What models are used for teaching and behavior management? (example: first \_\_\_\_, then \_\_\_\_\_; count down, songs, etc) | | | | | | | | | | | | | | | | | |
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| Are all activities in a self-contained classroom? | | | | | | | | | | | | |  | | | | |
| Does the Athlete attend a physical education class? | | | | | | | | | | | | |  | | | | |
| If Yes, briefly describe the curriculum or focus of the PE program: | | | | | | | | | | | | | | | | | |
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| Does the Athlete have any physical or gross motor goals listed on their IEP? | | | | | | | | | | | | | | | | |  |
| If Yes, what are they? | | | |  | | | | | | | | | | | | | |
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| Is the Athlete involved in any extracurricular activities including sports, 4-H, rodeo, hiking, swimming, Special Olympics, or community involvement? If Yes, what are they? | | | | | | | | | | | | | | | | | |
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| **Section III: Athlete Adaptive Profile** | | | | | | | | | | | | | | | | | |
| Describe any maladaptive or self-injurious behaviors the Athlete has including (but not limited to) hitting, pinching, grabbing, or biting self or others, or property destruction? *Please note: information provided here will not disqualify individuals from receiving services and is used to prepare staff to work with the athlete.* | | | | | | | | | | | | | | | | | |
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| Please list any secondary reinforcers that the Athlete currently enjoys. A secondary reinforcer is any tangible item or activity that increases the likelihood of engaging in a specific behavior. For example, if jumping is not yet a preferred or enjoyed activity, and the athlete jumps in order to gain access to listening to a particular song, that song would be a secondary reinforcer. \*Behavior specific or social praise is also important and should be listed if applicable. | | | | | | | | | | | | | | | | | |
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| Does the Athlete engage in new/novel activities readily / willingly, or do they require high external motivation to participate? Please describe. | | | | | | | | | | | | | | | | | |
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| Does the Athlete use the restroom by themselves? If No, please explain bathroom habits and practices. (example: wears diapers, needs assistance using the bathroom, has to be reminded or asked, uses hand gestures, words, or a sound to indicate needing to use the restroom, etc.) | | | | | | | | | | | | | | | | | |
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| **Section IV: Healthy Habits Profile** | | | | | | | | | | | | | | | | | |
| How often do you engage in exercise or physical activities (hiking, biking, running, swimming, etc) as a family/group? (Please select one) | | | | | | | | | | | | | | | | | |
| 0 times per week | | | 1 – 3 times per week | | | | | | | | | 4 – 6 times per week | | | | 7+ times per week | |
| How would you describe the general dietary practices of your household? | | | | | | | | | | | | | | | | | |
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| Please list any food allergies the Athlete has: | | | | | | | | | |  | | | | | | | |
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| Does the Athlete have any preferred snack or treats? | | | | | | | | | | | | | |  | | | |
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| How much time per day does the Athlete spend on electronics, including TV, tablets, phone, etc? | | | | | | | | | | | | | | | | | |
| 0 – 2 Hours | | | | | 3 – 6 Hours | | | | | | | | | | 7+ Hours | | |
| How much time per day does the Athlete spend playing outside? | | | | | | | | | | | | | | | | | |
| 0 – 2 Hours | | | | | 3 – 6 Hours | | | | | | | | | | 7+ Hours | | |
| **Section V: Additional Information**  Please use this section to provide any additional information you feel may be helpful when working with the Athlete. | | | | | | | | | | | | | | | | | |
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**Section VI: Adaptive Fitness Assessment Participation Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent for my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Responsible Party* *Relationship to Athlete*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in the Adaptive Fitness Assessment session

*Name of Athlete*

with Big Sky Autism Project. I understand that the initial assessment may take more than one session to complete and each session may last a duration of 45 - 60 minutes depending on the cooperation of my athlete. I can observe the session at any point. I understand that the purpose of the assessment is to evaluate the Physical, Adaptive, and Cognitive skills of my athlete in order to develop an individualized Adaptive Fitness 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, Lead Coach of Big Sky Autism Project, at 406.461.5656 or BigSkyAutismProject@gmail.com.

With my signature below, electronic or handwritten, I hereby give consent for my Athlete to participate in the Big Sky Autism Project’s Adaptive Fitness Assessment.

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Signature of Responsible Party Date