



ATHLETE INFORMATION FORM

Welcome to Autism Strength. The mission of Autism Strength is to provide the athlete with strategies that will improve his/her current health and prepare for future well-being through a specialized fitness program. Research shows that exercise and proper nutrition are essential cornerstones for optimal health and wellness. Autism Strength is where research and clinical application meet.

Autism Strength's philosophy is to provide the physical foundation of strength, stability, and motor planning in a way in which the child/athlete enjoys the activity(ies). Autism Strength programs consider each athlete from three areas of functional ability: Physical, Adaptive and Cognitive. These criteria allow for the development of an individual program that utilizes a best practices approach from the fields of exercise science and Applied Behavior Analysis (ABA).

In order to develop and implement a comprehensive program for each athlete, preliminary information is required. Please provide accurate and truthful information as possible. This information will aid in troubleshooting potential short-and long-term challenges. No part of this form will be shared with any parties unless prior consent is given by the parent/guardian.

ATHLETE NAME: _____

Parent/Primary Caregiver: _____

Address: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email: _____

How did you hear about Autism Strength?

What are your goals for the child/athlete?

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



SECTION I: MEDICAL HISTORY

Date of Birth: _____

Primary Diagnosis: _____

Date Diagnosed: _____

Any Secondary Diagnosis: _____

Date Diagnosed: _____

Other Medical Conditions including physical conditions and physical deficits, including dates:

When did child / athlete begin crawling? _____

When did child / athlete begin walking? _____

Is the child/athlete currently taking any prescribed medications or dietary supplements AND for what purpose?

Does the child/athlete have any allergies including reactions to rubber, plastic, or ANY other materials?
Please Circle: Yes or No

If Yes, please explain: _____

SECTION II: Educational Profile

Where does the child / athlete attend school? _____

Is this a mainstream educational program with an inclusive component? Please Circle: Yes or No

Is this a Special Needs/Adaptive program exclusively for individuals with Developmental Disabilities?
Please Circle: Yes or No

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

Is this Program ABA-based? Please Circle: Yes or 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: Yes or No

Does the child/athlete attend a physical education class? Please circle: Yes or 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 child's/athlete's current IEP?

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

Is the child/athlete involved in any extracurricular activities including but not limited to team sports, recreational sports, and/or community activities? Please Circle: Yes or No

If YES, please explain:

SECTION III: Adaptive Profile

Are there any current target behaviors or behavior reduction plans in effect for the child/athlete?
Please Circle: Yes or No

If YES, please provide detailed explanation of behavior(s) and treatment plan:



Does the child/athlete have a history of self-injuries or aggressive behavior including but not limited to, hitting/pinching/biting self, grabbing others, hitting others, and/or property destruction? Please Circle: Yes or No

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

Please list any secondary reinforcers that your child/teen 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 child/athlete jumps in order to gain access to listening to a particular CD, that CD would be a secondary reinforcer. Behavior specific, or social praise is also important and should be listed if applicable.

Does the child/athlete engage in new/novel activities readily, or does he/she require high external motivation to participate? Please explain:

SECTION IV: Healthy Habits Profile

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

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 child/athlete consume fruits, vegetables, and non-processed sources of protein on a regular basis?

Please Circle: Yes or No

If YES, please provide details about type of foods:



My child's/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: _____

My child/athlete watches _____ hours of TV (including video games, computer, iPad, phone) each week.

Please circle: 0 1-3 3-5 5-8 8-10 10+

Section V: Autism Strength Program Athlete Agreement

I _____ give consent for _____
(Relationship: _____) to participate in a fitness/movement assessment session with Autism Strength. I understand that the initial assessment session will last 45-50 minutes, and I can observe the sessions 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 be implemented in the home, classroom, or other appropriate environment. I understand that the session(s) may involve vigorous physical activity with physical prompting or graduated guidance, in which the instructor physically guides the athlete through the movement pattern. I understand this technique 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 David Brixius at dave@exsp.biz

Signature: _____

Printed Name: _____

Date: _____