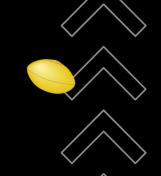


## KICKABILITY "ALL ABOUT ME" FORM



PITTWATER TIGERS JUNIOR AFL CLUB

Player's full name:		Insert Head Photo of your Player:			
Player's main disability/s:					
Player's preferred name or nickname:		Player's age:			
Parent's / Guardian's name(s):					
Contact Name + phone number 1		Contact name + phone number 2:			
1. <b>How does your child learn best?</b> E.g., Through clear and concise sentences; with a visual demonstration of the task; with a buddy; in small groups; with encouragement.					

.,	ord sign, or lip reading; My child listens best when there are not too many other no	nses
/ limitations / a	assisted technologies they use? (excluding motivators and regulators as below)	
here anything i	n particular that makes your child happy/motivated/engaged? E.g., Any particular	r int
	n particular that makes your child unhappy or uncomfortable? E.g., Eye contact; lo	oud
s, such as whistl SE NOTE WE HA	les. AVE A SIREN FOR THE MAIN FIELD GAMES. PLEASE CONSIDER IF YOUR PLAYER	oud
es, such as whistl SE NOTE WE HA	les. AVE A SIREN FOR THE MAIN FIELD GAMES. PLEASE CONSIDER IF YOUR PLAYER	oud
es, such as whistl	les. AVE A SIREN FOR THE MAIN FIELD GAMES. PLEASE CONSIDER IF YOUR PLAYER	oud
s, such as whistl SE NOTE WE HA	les. AVE A SIREN FOR THE MAIN FIELD GAMES. PLEASE CONSIDER IF YOUR PLAYER	oud

## 6. Are there any behavioural issues/ risks / triggers and strategies that the coaching team should be aware of?

Trigger	Warning Signs	Proactive Strategies	Behaviour	Response Strategies
EXAMPLE - Loud noises	EXAMPLE - Covering ears - Closing eyes	EXAMPLE - Ask people around to lower their volume - Use ear plugs	EXAMPLE - Screaming - Running away	EXAMPLE - Speak calmly and softly - Ask questions about their interests
EXAMPLE - Waiting for a turn	EXAMPLE - Lying on ground	EXAMPLE - Set clear rules with visuals to support	EXAMPLE - Not listening - Taking equipment that others are using	EXAMPLE - Try to move their attention to a specific task (e.g., counting how many times a target is hit by other players) while they wait

not mentioned, dietary restrictions e.g. anaphylaxis plan, gluten-free / coeliac; medical plans e.g. asthma plan / epilepsy plan etc.				

Please return this form to our Kickability Coordinator Skye Rose at <u>secretary.pittwatertiqers@qmail.com</u>. Please also use this email if you have any questions. We look forward to meeting your family at KICKABILITY!