



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. How does your child learn best? E.g., Through clear and concise sentences; with a visual demonstration of the task; with a buddy; in small groups; with encouragement.

2. How does your child best communicate with peers and adults? E.g., My child uses a communication board, Auslan, key word sign, or lip reading; My child listens best when there are not too many other noises.

3. Any limitations / assisted technologies they use? (excluding motivators and regulators as below)

4. Is there anything in particular that makes your child happy/motivated/engaged? E.g., Any particular interests.

5. Is there anything in particular that makes your child unhappy or uncomfortable? E.g., Eye contact; loud noises, such as whistles.

PLEASE NOTE WE HAVE A SIREN FOR THE MAIN FIELD GAMES. PLEASE CONSIDER IF YOUR PLAYER REQUIRES EAR PROTECTION.

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

7. Is there anything else about your child that you would like us to know? E.g., Information or supports 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 secretary.pittwatertigers@gmail.com . Please also use this email if you have any questions. We look forward to meeting your family at KICKABILITY!