

# Special Olympics Athlete Development Plan



## Athlete -

First name:	<input type="text"/>	Last :	<input type="text"/>	Date:	<input type="text"/>
Program:	<input type="text"/>	Phone:	<input type="text"/>	Coach:	<input type="text"/>

## Athlete's Interests -

Favorite sports:	<input type="text"/>
Favorite sports teams:	<input type="text"/>
Favorite athletes:	<input type="text"/>
Favorite musical groups:	<input type="text"/>
Favorite movies/actors:	<input type="text"/>
Favorite TV shows/actors:	<input type="text"/>
Favorite books:	<input type="text"/>
Favorite food/beverages:	<input type="text"/>
Other interests:	<input type="text"/>

Why athlete is participating in Special Olympics; check all that apply.

Fun:	<input type="checkbox"/>	To be with friends:	<input type="checkbox"/>
Develop skills:	<input type="checkbox"/>	Win medals:	<input type="checkbox"/>
Compete:	<input type="checkbox"/>	Recreation:	<input type="checkbox"/>
		Because someone told me I had to do it:	<input type="checkbox"/>

Other:

Name sports athlete likes to participate in:

Current:	<input type="text"/>
Future:	<input type="text"/>
Why?	<input type="text"/>

**Athlete Considerations** (tips when working with athletes); check all that apply -

Doesn't like loud noises:	<input type="checkbox"/>	Needs to hydrate:	<input type="checkbox"/>
Doesn't like whistles:	<input type="checkbox"/>	Is prone to seizures:	<input type="checkbox"/>
Doesn't respond well to yelling:	<input type="checkbox"/>	Is easily distracted:	<input type="checkbox"/>
Has limited verbal skills:	<input type="checkbox"/>	Has short attention span:	<input type="checkbox"/>
Has visual impairment:	<input type="checkbox"/>	Is resistant to change:	<input type="checkbox"/>
Has hearing impairment:	<input type="checkbox"/>	Is hyperactive:	<input type="checkbox"/>
Exhibits self-stimulatory behaviors:	<input type="checkbox"/>	Is obsessive-compulsive:	<input type="checkbox"/>
Other:	<input type="text"/>		
Trigger(s) to inappropriate behavior:	<input type="text"/>		

**Athlete Assessment -**



Interest in the sport:			
Athletic ability:	Speed:	Shuttle run -	
	Endurance:	3-minute step test -	
	Strength:	Push ups -	
	Flexibility:	Sitting reach -	
	Coordination:	Shuttle run w/bean bags -	
Sport-specific athletic ability:	Skill #1		
	Skill #2		
	Skill #3		
Cognitive ability (event understanding):			
Coping skills with environment:			
Ability to work with others:			

**Coach Observations and Conclusions -**

**Goals -**

Individual goals	Long-term:	
	Short-term:	
Team goals	Long-term:	
	Short-term:	

**Support Plans -**

Individualized "At Home Training Plan":

Assistant Coach Support Plan:

Family, Guardian, and/or Caregiver Support Plan:

Competition Day Plan: