

## **Athlete's Profile: The Miracle League of Billings**

Athlete's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Male ☐ or Female ☐ Age: \_\_\_\_\_

Parents/Guardian or Guardians Name (Please Print): \_\_\_\_\_

**Are there any health concerns that we should be aware of? (i.e. asthma, allergies, seizures, diabetes) If yes, what steps are taken?**

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**What is the overall degree of the primary disability? Please Check One.**

1. Mild

2. Moderate

3. Severe

**What are your primary goals for enrolling in the program? (Please Check All That Apply)**

\_\_\_\_ Recreation participation (exposure to a variety of activities)

\_\_\_\_ Skill enhancement in Baseball

\_\_\_\_ Opportunities to experience fun in play

\_\_\_\_ Socialization (interaction/develop friendship with peers)

\_\_\_\_ Physical fitness/wellness

\_\_\_\_ Other (please specify): \_\_\_\_\_

**Has the athlete ever participated in a recreational program before? If so, please indicate the type/level of the program:**

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**What teaching method(s) does your athlete prefer? (Please Check All That Apply)**

Verbal Instruction

Visual Instruction/Pictures

Modeling

Other: Please Specify \_\_\_\_\_

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**How does your athlete prefer to communicate with others?**

\_\_\_\_\_ Verbal (\_\_\_\_\_ Clearly Understood \_\_\_\_\_ Not Clearly Understood  
 \_\_\_\_\_ Limited Verbal Communication)

\_\_\_\_\_ Non-verbal

\_\_\_\_\_ Sign language (\_\_\_\_\_ Understands/uses Most Signs \_\_\_\_\_ Uses Some Signs)

\_\_\_\_\_ Picture communication

\_\_\_\_\_ Other: (Please Specify) \_\_\_\_\_

**Indicate how strongly you agree or disagree with the criteria below**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
Is sensitive to loud noises					
Initiates conversation and/or seeks contact with peers					
Can manage his/her anger when upset					
Communicates personal needs					
Routines are important for him/her					
Transitions are difficult					
Cooperates with staff and peers; shares					
Stays with assigned group with minimal supervision					
Becomes frustrated during recreation activities					
Avoids or is hesitant about decision making					
Maintains personal space					
Requires redirecting and prompting to attend to tasks					
Can stay on task for 20+ minutes					

**Are there any behavioral concerns or triggers that we should be aware of?**


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**What strategies/techniques are used at home/school/work to promote positive behavior and/or discourage or redirect inappropriate behavior? Does the athlete use a specific behavior plan?**

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**Athlete's strengths are:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Topics of personal interest to the athlete:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**How can we assist the athlete? (Ex: holding their hand, pushing their wheelchair, holding the bat, etc.) Please be specific.**

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**Is there anything else that would be helpful for us to know about your athlete?**

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**Athlete or Parent/Guardian Signature:** \_\_\_\_\_

