

DAILY SUPPORT NEEDS **totally independent (all areas) no support needed**

OR tick what applies and detail any assistance/reminders needed

Dressing Independent Needs reminder/checking Needs some assistance**Shoes** Independent Needs reminder/checking Needs some assistance**Putting on sunscreen** Independent Needs reminder/checking Needs some assistance

Detail:

Time needed to get ready in the morning: _____**Grooming** Independent Needs reminder/checking Needs some assistance**Bath / showering** Independent Needs reminder/checking Needs some assistance**Toilet** Independent Needs reminder/checking Needs some assistance

Details:

Shaving *males* Independent Needs reminder/checking Needs some assistance**Periods** *females* Independent Needs reminder/checking Needs some assistance

Details:

Sleeping Good sleeper Needs light on/fear of dark Incontinence Restless/wakeful Anxious in a new place Fear of sleeping alone

Details:

Travel Travels well Anxious when flying / in bus Travel sickness Restless on long trips

Details:

Looking after personal gear Independent Needs reminder/checking Needs some assistance**Packing gear** Independent Needs reminder/checking Needs some assistance**Managing money** Independent Needs reminder/checking Needs some assistance

Details:

DIETARY NEEDS Any food(s) or drink(s) to be avoided? _____**Vegetarian** yes no**Is any support/supervision needed with:**Selecting / limiting the amount of food put on plate/consumed yes noManaging / cutting up food yes noCarrying plates of food / drinks in a crowded dining area yes no**COMMUNICATION** Can converse easily Makes needs known Uses signs/gestures Lip reads Can communicate well Speech not always clear No speech No problem understanding Finds it hard to put things into words Needs simple instructions Needs to be spoken to slowly

Details:

HUMAN RELATIONS: Interacts voluntarily Accepts interaction Needs encouragement Dislikes interaction Shy Shy with new people

What can frustrate the athlete? Any supervision needed to keep the athlete safe (road, wandering, appliance use etc)?

Signs to look for, suggestions for dealing with any known problems?

Details:

Person filling in this Form: _____ Relationship to Athlete: _____

PRIVACY CLAUSE AND RELEASE: I give consent to Special Olympics collecting, using & retaining this information for me to train /compete. I confirm that to the best of my knowledge I am physically able to participate in these activities.**Athlete** **Parent/Guardian** (*must sign if athlete is under 18yrs*)**Name:** **Name:****Signed:** **Signed:****Dated:** **Dated:**