



GAELIC GAMES ALL STAR PASSPORT

PLAYER INFORMATION:

Participant Name:	
Age:	
Preferred Name:	
Parent/Guardian Name:	
Parent/Guardian Contact Number:	

COMMUNICATION

How does your child communicate best?	
Words/phrases or cues that work well:	
Things that may make communication more difficult?	

STRENGTHS AND INTERESTS

What your child enjoys:	
What motivates them:	
Sports/Activities they like:	

SUPPORTS AND STRATEGIES

What helps your child succeed during activities:	
Strategies that do NOT work:	
What to do if your child becomes upset or overwhelmed:	



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SENSORY CONSIDERATIONS

Noise sensitivities:	
Touch/texture preferences:	
Movement needs (e.g. breaks, calm space etc)	

MEDICAL / SAFETY NOTES

Relevant medical conditions:	
Allergies:	
Emergency actions if needed:	

ADDITIONAL NOTES

Anything else that would help coaches support your child:	
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