



GAELIC GAMES ALL STAR PASSPORT

PLAYER INFORMATION:

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

COMMUNICATION

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

STRENGTHS AND INTERESTS

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

SUPPORTS AND STRATEGIES

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| 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

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

MEDICAL / SAFETY NOTES

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|------------------------------|--|
| Relevant medical conditions: | |
| Allergies: | |
| Emergency actions if needed: | |

ADDITIONAL NOTES

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| Anything else that would help coaches support your child: | |
|---|--|