



EPIC Player Information Form

To help us better understand and coach your player, please provide the requested information. Thank you!

Player's Name _____

Height _____ Weight _____ Age _____

Mobility:

- Ambulatory Uses walker Uses wheelchair
 Needs assistance Uses crutches Uses braces
 Other _____

Communication:

- Verbal Non-verbal Uses Sign Language
 Uses Communication Board Other _____

What motivates the player to perform well? (Check all that apply):

- Verbal praise Food Tangibles (prizes, stickers, etc.)
 Attention Being left alone Being allowed to

Fears (ie. loud noises, bugs, physical contact, etc.) _____

Health concerns that could impact the player's game (asthma, heart condition, seizures, etc.) _____

For players with Down Syndrome:

Does the player have the atlanto-axial condition? Yes No

If yes, are you aware that this condition may affect his/her ability to play soccer safely? Yes No

Behavioral concerns (unacceptable social behaviors, etc.)

What strategies are used when these behaviors occur?

Please list anything else you feel the coach should know.