



Special Olympics

Stark DD Special Olympic Information

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Note: We request the information below to assist our coaches and volunteers in their efforts.

(Return to Special Olympic Coordinator – Whipple Dale Centre, 2950 Whipple Ave NW, Canton, Ohio 44708)

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Is individual eligible for DD services? Yes No If unknown, contact intake at 479 -3582.

Employer, Day Habilitation site, or School: _____

Provider / Guardian: _____ Home Phone: _____ Cell phone _____

Provider/Guardian work place: _____ Phone: _____ (if can't be reached)

Emergency Back-up Contact: _____ Phone: _____

Preferred Hospital: _____ Doctor: _____ Phone: _____

Insurance Co: _____ Phone: _____

Special Olympics Interest: (Note: Bowling, Bocce and Track & Field are at the same times during state competition so only choose one of them for competition.)

Basketball Bocce Swimming
Softball Track & Field Bowling Competition

Shirt size (Circle one) S M L XL XXL 3XL 4XL

Most important characteristics we should know about for individual's safety and well-being

1. Physical limitations and level of assistance needed. (Balance, restrictions, wheelchair, walker, etc.)

2. Social Interactions: Check or describe below **challenging behavioral or personality traits** which may require extra attention.

Stranger Awareness PICA Self- Abusive Behavior Tendency to wander History of home sickness
 Sensitive to Others History of aggression toward others Mental Health Concerns Sociable
 Sensitive to noise, crowds, etc. Does the athlete have a behavior support plan? Circle yes / no

Please explain any of the above, add other concerns if needed and offer suggestions on what works and what does not work to help this athlete enjoy his/her participation. Also note level of supervision required. _____

3. Personal Care:

Washes hands/face: Independent Needs assistance. Brushes own teeth/dentures: Independent Needs assistance.
Uses toilet: Independent Needs assistance. Personal hygiene (Female): Independent Needs assistance.
Other information regarding hygiene/self-help skills _____

4. Eating/dining needs: Food Allergies: _____

Diet type: Regular Modified texture _____ Swallowing difficulties _____
 Eats independently Needs assistance _____

Other information regarding eating needs: _____

Your Signature: _____ Relationship to athlete _____ Date: _____