

EPIC Player Information Form



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

Player's Name _____

Height: _____ Age: _____

Mobility:

☐ Ambulatory ☐ Uses crutches ☐ Uses wheelchair

☐ Needs assistance ☐ Uses walker ☐ Uses braces

☐ Other: _____

Communication:

☐ Verbal ☐ Non-verbal ☐ Uses sign-language

☐ Uses communication board ☐ Other: _____

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

☐ Verbal praise ☐ Attention ☐ Tangibles (prizes, etc.)

☐ Food ☐ Working independently ☐ Other: _____

☐ Being allowed to _____

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

Health concerns that may impact your player's game (asthma, heart condition, seizures, etc.):

Behavioral concerns (social behaviors, etc.): _____

What strategies are used when these behaviors occur? _____

Please list anything else you feel the coach should know. _____
