



FITNESS SESSION ATHLETE INTAKE QUESTIONNAIRE

1. Would the Fitness Session Athlete prefer hugs, high fives or no contact as an initial greeting when he/she walks into the center?
2. Please list current services, including extra-curricular activities (OT, Speech, 1:1 Aid, Resource room, Therapists, etc.) and names of service professionals / providers:
3. Please list any sensitivities / stressors (textures, lighting, over talking, physical contact, scent, volume and type of music, etc.) that may create a feeling of panic for the Fitness Session Athlete. How have these situations been handled in the past?
4. Will the Fitness Session Athlete feel comfortable if a trainer or class instructor makes physical contact with him/her as part of 1-on-1 training or class instruction (correcting form, assisting with an exercise, etc.)?
5. Does the Fitness Session Athlete utilize an augmentative/assistive means to communicate (sign language, picture communication, etc.)? If yes, please explain. How does he/she express his/her emotions (anger, frustration, happiness, etc.)?
6. Does the Fitness Session Athlete need help with using the restroom? If yes, please explain.
7. Does the Fitness Session Athlete take any medications that would prevent him/her from participating in certain types of activities at the center? If yes, please explain.
8. Does the Fitness Session Athlete have any medical conditions that would prevent him/her from participating in certain types of activities at the gym? If yes, please explain.
9. What techniques work best with the Fitness Session Athlete to facilitate transitions from one activity to the next?
10. What techniques work best to calm the Fitness Session Athlete?
11. What techniques work the best to instruct the Fitness Session Athlete?
12. What motivates the Fitness Session Athlete?

13. Does the Fitness Session Athlete seek or require sensory stimulation (physical pressure, etc.)? If yes, please explain.

14. Is there a specific behavior plan for the Fitness Session Athlete? If yes, please explain or provide documentation.

15. Does the Fitness Session Athlete have any physical limitations? If yes, please explain.

16. Please list the Fitness Session Athlete's preferred fitness activities:

17. What supports are required for the Fitness Session Athlete to be successful during preferred activities?

18. What fitness activities do you think the Fitness Session Athlete would like to master? Which would you like the Fitness Session Athlete to master?

19. What do you think the Fitness Session Athlete would like in a gym experience (social, circuits, classes, one-on-one training, weights, cardio machines, etc.)?

20. Are there functional goals that you would like added to the Fitness Session Athlete Individual Fitness Program IFP (catching or throwing a ball, riding a bike, etc.)?

21. Would the Fitness Session Athlete prefer to work with a male or female trainer?

22. Is there anything else you would like us to know about the Fitness Session Athlete?

23. Who referred you or how did you hear about Rev It Up Sports & Fitness?

Please place an "X" in front of the following statement if you agree with it:

To the best of my knowledge, the answers to the is questionnaire are accurate

I have read the above waiver and agreement and have fully understood its contents. By signing below, fully agree to Fitness Session Athletes of the Rev It Up staff to contact listed individuals.

 Fitness Session Athlete / Guardian's signature

 Date

 Fitness Session Athlete (Print Name)

Preferred method of contact:
 Call Text Email

 Best Phone Number

 Email