MORNINGTON BASKETBALL

ASD Player Registration

Child's Name:

Age:

Date of Birth:

Parents/Carers Names and Vocation:

Mother:

Father:

Carer:

Favourite Items:

Favourite Activites:

Formal Diagnoses:

Any Medical Conditions:

Medication and Allergies:

Toileting: Nappies, Toilet Trained, Independent:

Routines:

Expressive/Receptive Language/Augumentative, Communcation
eg. PECS, Signing, iPad

Understanding of Language: Yes/No, Wait, Stop, Help

Sensory Needs:

Dislikes/Phobias:

Behavioural Issues and Managment Strategies: