



Athlete Support Action Plan

This plan will help coaches, teachers, volunteers etc to understand and support an athlete's specific needs, covering medical, behavioral, communication, and sensory needs.

Use the headings in the grey boxes to guide conversations with the athlete or their family and complete it alongside the Athlete registration form and or Athlete Renewal form to ensure health, safety, and a positive training experience.

Athlete's Name	First Name, Last Name			
Sports Participating In	List the sports			
Coach's Name	First Name, Last Name			
Date Completed	Month/day /year			
Review Date	Scheduled date for review of the plan			
Area	Triggers	Management	Medication	Support Required
Health/Medical Conditions (E.g., Asthma, Seizure Allergies, etc.)	(Is there any specific triggers or warning signs)	(How to manage an incident during activities)	(Type, location during training, etc.)	(Be aware of extra support /equipment)
Health/Medical Conditions (E.g., Asthma, Seizure Allergies, etc.)	(Is there any specific triggers or warning signs)	(How to manage an incident during activities)	(Type, location during training, etc.)	(Be aware of extra support /equipment)
Health/Medical Conditions (E.g., Asthma, Seizure Allergies, etc.)	(Is there any specific triggers or warning signs)	(How to manage an incident during activities)	(Type, location during training, etc.)	(Be aware of extra support /equipment)
Mobility	(Areas of Difficulty: Uneven Surfaces)	(List devices/s used during training)	Type, location during training, etc.)	(Outline assistance required if any)

Area	Triggers	Management	Medication	Support Required
Vision	<i>(Areas of difficulty: new locations)</i>	<i>(Steps to support athlete)</i>		<i>(Outline assistance required if any)</i>
Hearing	<i>(Areas of difficulty: noisy locations)</i>	<i>(Steps to support athlete)</i>		<i>(Outline assistance required if any)</i>
Behavioral Health	<i>(Known triggers)</i>	<i>(List steps required for behavior management)</i>	<i>(Type, location during training, etc.)</i>	<i>(Outline assistance required if any)</i>
Communication Method	<i>(Verbal, Sign Language, etc.)</i>	<i>(Steps for effective communication)</i>	<i>(Type, location during training, etc.)</i>	<i>(Outline assistance required if any)</i>
Sensory Sensitivities	<i>(Triggers like light, noise, texture)</i>	<i>(How to reduce or manage sensory overload)</i>	<i>(Type, location during training, etc.)</i>	<i>(Outline assistance required if any)</i>
Mental Health	<i>(Triggers if applicable)</i>	<i>(Management strategies for mental health concerns)</i>	<i>(Type, location during training, etc.)</i>	<i>(Outline assistance required if any)</i>
Other				

Sports Training & Adaptations

Sports Training Plan	Adjustments/Adaptations Required
(For each sport)	<i>(E.g., adaptive equipment, modified drills)</i>
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Additional Information

Other Support Needs	Details
Any other important details that need to be captured for the athlete's support.	

Confidentiality and Team Briefings

Team Briefings	Details
How medical and support info will be shared with coaches	<i>This section should identify & agree with athlete & family /carer who information will be shared</i>