ATHLETE NOMINATION FORM
2027 WORLD GAMES FINAL LEG

Nominated Athlete:	
Athlete's Age:	
Special Olympics Program:	
Prepared by:	
Telephone:	
Email:	

PERSONAL INFORMATION 個人資料

Language spoken at Home:	
Is Athlete fluent in English (Y/N):	
Does the athlete have Siblings (Y/N):	
Names / Ages of Siblings:	
Health / Medical Insurance Company:	
Policy No:	

PHYSICAL SKILLS 體能與運動能力

How would you best describe the athlete's physical attributes:

Strength:	
Speed:	
Coordination:	
General Fitness:	

SELF HELP SKILLS 自理能力

How would you best describe the athlete's ability to manage the following:

Meals:	
Dressing:	
Grooming:	
Hygiene:	
Travel & Packing:	

SOCIAL SKILLS 社交能力

How would you best describe the athlete's social attributes:

Expressive Skills:	
Listening & Responding:	
Social Conversation Skills:	

BEHAVIORAL SKILLS 行為表現

How would you best describe the athlete's behavioral attributes:

Behavioral Tendencies:	
Response to Correction:	
Ability to make Friends:	
New & Different Situations:	
Behavioral Treatment Measures:	

MEDICATION 用藥資訊

Is the athlete on Prescribed Medication (Y/N):	
If the athlete is on medication, please provide details:	
Detail any other pertinent medical information concerning the athlete:	

OTHER ISSUES 其他事項

Can the athlete swim (Y/N):	
Has the athlete flown before:	
Does the athlete experience Motion Sickness (Y/N):	
If yes, please explain:	

ACHIEVEMENTS & PARTICIPATION 成就與參與經歷

Has the athlete participated in previous USA or World Games (Y /N):	
If yes, which Games:	
Which sports does the athlete participate in:	

SPECIAL OLYMPICS ACHIEVEMENTS 參與特奧經歷與成就

Please provide detailed information about the athlete's involvement with Special Olympics, highlighting any special achievements

ADDITIONAL INFORMATION 其他補充資料

Please provide any further information that is considered relevant and may assist the Athlete Selection Committee in its determinations