AUTISM SERVICES

609 - 25th Street East
Saskatoon, SK S7K 0L7
Phone: (306) 665 – 7013
Fax (306) 665 – 7011
Email: admin@autismservices.ca

STRENGTH TRAINING INFORMATION

PLEASE PRINT CLEARLY

Appendix H

PARTICIPANT Media consent given: _____Yes _____No

Name:_____
(Last, First)
Date of Birth:_____Age:_____

Parents/Guardians Names	Contact numbers for emergencies : Cell # _____ Home # _____

Does the participant know he / she has a form of autism spectrum disorder? ☐ YES ☐ NO

1. Please describe your teens past experience with Weight Equipment and workout Routines, if any.

2. Please describe your teen's recreational and social interests.

3. Is there anything unique we should know about your teen so that we can help him have a successful and positive experience?

Thank- You!