UNIVERSITY OF MINNESOTA EXTENSION

Adaptive Shooting Action Plan

Participant Contact Information

Date of Action Plan _____

Name:_____ Age:_____

Address:_____

City:_____ State:_____ Zip:_____

Email:_____ Cell phone:_____

How do you prefer to be contacted?

- ☐ Email
- ☐ Phone Call
- ☐ Text

Shooting sports experience and goals

What shooting disciplines are you interested in participating in?

- ☐ Archery
- ☐ Rifle/Pistol
- ☐ Muzzleloading
- ☐ Shotgun

What are your primary goals for shooting sports?

_____

_____

_____

_____

Have you participated in shooting sports before?

- ☐ Yes
- ☐ No

If yes, please describe your previous experience: _____

_____

_____

_____

Health and disability information

Do you utilize any medical or mobility assistance devices?

- ☐ Yes
- ☐ No

If yes, please describe:

_____

_____

Please check any of the following that apply to you:

- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Traumatic brain injury
- ☐ Post-traumatic stress
- ☐ Speech impediment
- ☐ Intellectual/Cognitive disability
- ☐ Chronic pain
- ☐ History of seizures
- ☐ Limited mobility/strength
- ☐ Abnormal muscle tone
- ☐ Balance issues
- ☐ Difficulty lifting items over 10 pounds
- ☐ Difficulty walking long distances/standing for long periods
- ☐ Difficulty regulating body temperature
- ☐ Sensory processing difficulties (i.e. touch/sound/environment)

If you checked yes to any of the above, please provide any further details you think might assist your discipline instructor when putting together an adaptive plan:

_____

_____

_____

_____

Please provide any further information you think would be helpful: _____

_____

_____

_____

_____

The instructor/coach should fill out this sheet based on the information shared in the profile and conversations with the young person and caregivers. It should be updated throughout the lesson progression to ensure equipment needs, goals, etc. are up to date.

Equipment recommendations

Please list any shooting line accessories required (i.e. stool, chair straps, wedges, archer assist stand, chair pod, ramps for facility):

_____

_____

_____

_____

Adaptive plan recommendations

What are the shooter's goals/objectives and how will you accomplish these?

(Goals can be discipline specific, or relate to social skills, physical skills, enhanced self-image, etc. Feel free to also include any goals the coach has for the young person).

_____

_____

_____

_____

Please list any range set-up adjustments or volunteer requirements.

_____

_____

_____

Please note any adaptations or considerations for the shooter to execute a shot.

(i.e. resting bow on chair – nook, body alignment adjustments – posture, relaxing jaw to release mouth tab – release).

_____

_____

_____

_____

Please list any other considerations:

_____

_____

_____

_____

Adapted from Adaptive Archery Instructor's Manual, Disabled Sports USA, 2016.