



Türkiye Taekwondo Federasyonu  
Turkish Taekwondo Federation

## P20: SINIFLANDIRMA İÇİN GEREKLİ BELGELER

### **TIBBİ DURUMU OLMAYAN ZİHİNSEL ENGELLİ SPORCULAR (P21)**

- WT MDF (*Ek 1. bakınız*)
- Full IQ testi ve raporu (**Sadece IQ skoru değil, testin tamamı olmalı!**)
- Davranış uyum testi veya raporu (yarı yapılandırılmış bir görüşme planı çerçevesinde)
- Sporcunun 21 yaşından önce zeka geriliğine sahip olduğunu kanıtlayan belge  
(Örn:Çözger raporu vb.)
- Fotoğraf (Duvar önünde bütün vücudunu gösterir şekilde ve anatomik pozisyonda)
- TSAL (*Ek.2 bakınız*)

### **DOWN SENDROMLU SPORCULAR (P22)**

- WT MDF (*Ek 1. bakınız*)
- Down sendrom tipini belirten karyotip testi (kromozom testi)
- Full IQ testi ve raporu (**Sadece IQ skoru değil, testin tamamı olmalı!**)
- Davranış uyum testi veya raporu (yarı yapılandırılmış bir görüşme planı çerçevesinde)
- AAI (Atlanta-Aksiyal Instabilite) olmadığını belirten yorumlu boyun röntgeni ve raporu
- Fotoğraf (Duvar önünde bütün vücudunu gösterir şekilde ve anatomik pozisyonda)
- TSAL (*Ek.2 bakınız*)

### **OTİZM'Lİ SPORCULAR (P23)**

- WT MDF (*Ek 1. bakınız*)
- Full IQ testi ve raporu (**Sadece IQ skoru değil, testin tamamı olmalı!**)
- Davranış uyum testi veya raporu (yarı yapılandırılmış bir görüşme planı çerçevesinde)
- DSM5 veya ICD11 kullanılarak oluşturulmuş otizm belirten resmi tanı belgesi
- Fotoğraf (Duvar önünde bütün vücudunu gösterir şekilde ve anatomik pozisyonda)
- TSAL (*Ek.2 bakınız*)

### **Zeka Testleri:**

- Wechsler Intelligence Scales - WISC (6-16 yaş aralığı) and WAIS (16-90 yaş aralığı); HAWIE, S-SAIS veya MAWIE gibi bulunduğu ülke ve bölgeye göre değişen varyasyonlar da dahil (Not: WASI kabul edilmemektedir.)
- Stanford-Binet (+2 yaş ve üzeri)
- Raven Progressive Matrices (Not: CPM kabul edilmemektedir)

### **Davranış Uyum Testleri:**

- Vineland Adaptive Behaviour Scales
- ABAS
- AAMR Adaptive Behaviour Scales

**TÜM BELGELER İNGİLİZCE OLARAK SUNULMALIDIR**

**MDF, raporlar ve tüm belgeler PDF formatında taranmalıdır.**

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EN

- This form must be completed in ENGLISH by the Member National Association (MNA)'s physician or team doctor.



- Must be submitted by REGISTRATION DEADLINE of the event through <https://db.ipc-services.org/wtcs/app/login>



- Must have MEDICAL REPORT & IQ TEST submitted to WTCS.



- PHOTO of the athlete is MANDATORY.
- See PHOTO GUIDE next page.
- Must be submitted also to WTCS under supporting documents.



- The Assessment group may ask for further documents to be submitted depending on the individual athlete's health condition and impairment.



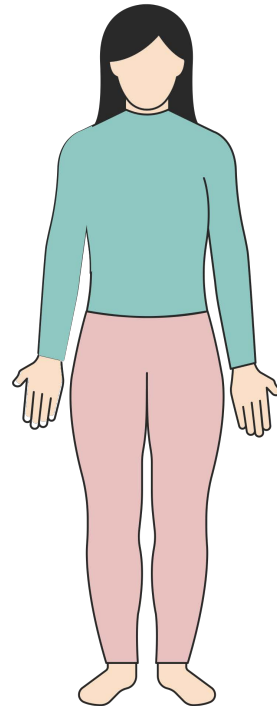
- For further information, please contact Para Taekwondo Department at [classification@worldtaekwondo.org](mailto:classification@worldtaekwondo.org)

# PHOTO GUIDE

**Medical Diagnostic Form**  
For athletes with Intellectual impairments



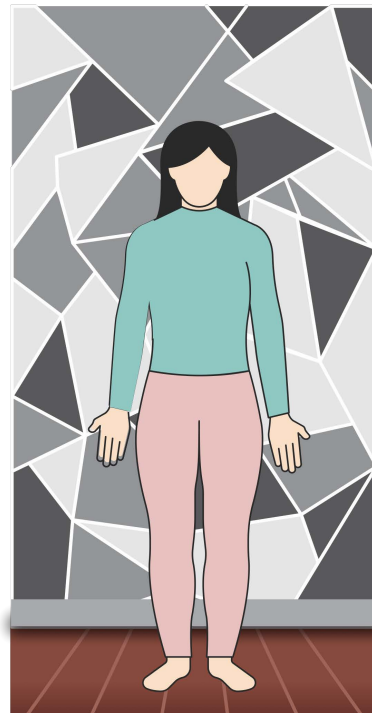
Anatomical position  
& full body photo



Clear background



Part body photo



Background



**Athlete Information**

First Name:	Last Name:
Date of Birth <i>dd/mmm/yyyy</i> :	Gender:
Discipline:	How long competing:
Member National Association:	WT License:

**Eligible Impairment (s):**

Intellectual Impairment before the age of 18
Autism

**Underlying Health Condition:**

Down syndrome/ Trisomy 21	Down syndrome/ Mosaic	Down syndrome/ Translocation
Asperger syndrome	Autism Spectrum Disorder (ASD)	
Others, please specify:		

**Details of the impairment** *(Please give details when & how the impairment happened):*

Health condition is:		If acquired, age of onset:	
IQ level <i>(please enter a number)</i> :		Have Atlanto-Axial Instability:	
Other health conditions:			
Medication (s):			

**Declaration signed by MNA physician or Team doctor:**

<b>I confirm that the above information is accurate.</b>			
Name:			
Health care profession:			
Professional registration number:			
Address:			
City:		Country:	
Phone:		E-mail:	
Date <i>dd/mmm/yyyy</i> :		Signature:	

**CHECKLIST**

Medical report

IQ test

Autistic diagnostic test

Tick all applicable options

Others, please specify:

## Training History & Sport Activity Limitations Form

The TrainHistory & Sport Activity Limitations (TSAL) form is part of the athlete classification process and must be completed by the athlete's **PRIMARY** coach.

### ATHLETE'S INFORMATION

First name:	
Family name:	
Date of Birth (dd/mmm/yyyy):	
Gender:	
<b>MNA:</b>	
<b>GAL #</b> (if applicable):	
Discipline:	
<b>MNA:</b> member national association -Federation; <b>GAL:</b> global athlete license.	

### COACH'S INFORMATION

First name:			
Family name:			
Date of Birth (dd/mmm/yyyy):			
Gender:			
<b>MNA:</b>			
<b>GOL #</b> (if applicable):			
Do you hold an academic degree?	Yes	No	If yes, please specify:
Do you teach Para Taekwondo?	Yes	No	If yes, which discipline:
Are you a certified Para coach?	Yes	No	If yes, please state your <u>latest</u> certification Which year: Which level:
Do you have experience in teaching Intellectually impaired athletes?	Yes	No	If yes, please specify how many years: years Months
Do you have experience in teaching abled-body athletes?	Yes	No	If yes, please specify how many years: years Months
How long have you been teaching the current athlete?	years		Months
<b>MNA:</b> member national association -Federation; <b>GOL:</b> global official license.			

## COACH'S CLUB SETTINGS

How is your Dojang configured?	
Do you have good access to intellectually impaired facility?	
Specific strategies or club settings to facilitate educating Intellectually Impaired athletes:	

## PARA ATHLETE'S CURRENT MEDICAL CONDITION

Primary medical condition:		<i>If others, please specify:</i>
Hearing Impairment:	Yes      No	<i>If yes, please specify:</i>
Associated other difficulties:	Yes      No	<i>If yes, please specify:</i>
History of seizures:	Yes      No	<i>If yes, please indicate the date of last seizure:</i>
Medications:	Yes      No	<i>If yes, please specify:</i>
If Down Syndrome, <b>AAI</b> present:	Yes      No      I do not know	
<b>IQ</b> Score (if available):		
<b>ADHD:</b> attention deficit hyperactivity disorder; <b>AAI:</b> atlanto-axial instability; <b>N/A:</b> not applicable; <b>IQ:</b> intelligence quotient.		

OPHTHALMIC INFORMATION	
<i>If your athlete doesn't have any <u>ophthalmic conditions</u>, please tick this box:</i>	
All <u>Not Applicable</u> N/A	
Have you noticed any visual problems with your athlete?	
If yes, have you discussed these visual problems with the parents/caregivers of the athlete?	
Have you observed any specific difficulties related to technical performance in Poomsae that can be attributed to visual problems in your athletes?	
Do you believe that the use of corrective lenses has improved the technical performance and participation in Taekwondo of your athletes?	
Have you made adaptations into your training to address the visual needs of your athletes?	
If yes, what adaptations have you made?	

### ORTHOPEDIC INFORMATION

*If your athlete doesn't have any Orthopedic conditions, please tick this box:*

*All Not Applicable N/A*

Have you noticed any orthopedic issues in your athlete that may have affected his/her performance in Taekwondo Poomsae?	
If yes, have you discussed these orthopedic issues with the parents/caregivers of the athlete?	
Have you observed any specific difficulties related to technical performance in Poomsae that may be attributed to orthopedic issues in your athlete?	
Do you believe orthopedic treatment has improved the technical performance and participation in our athlete?	
Have you made adaptations in your training to address the orthopedic needs of your athletes?	
If yes, what adaptations?	

### CARDIAC INFORMATION

*If your athlete doesn't have any Cardiac conditions, please tick this box:*

*All Not Applicable N/A*

Was the current athlete been diagnosed with any congenital or acquired heart conditions?	
If yes, have you discussed the details of the diagnosed heart condition with the parents/caregivers of the athlete?	
Have you noticed any specific difficulties related to technical performance in Poomsae that may be linked to the presence of heart conditions in your athlete?	
What precautions have you taken in Poomsae training to ensure the safety and well-being of your athlete who's being diagnosed with heart conditions? Please describe:	

### INTELLECTUAL INFORMATION

*If your athlete doesn't have any Intellectual Impairments, please tick this box:*

*All Not Applicable N/A*

Have you observed difficulties in verbal comprehension and the amount of acquired knowledge during Para Poomsae training in your athletes?	
Have you noticed any difficulty in the memory of your athletes, as well as their ability to learn and retain short-term information during Para Poomsae training sessions?	
Do you think the speed at which your athletes process information influences performance during Para Poomsae competition?	
Have you observed any skills in abstract reasoning and problem-solving in your athletes during Para Poomsae training and competition?	



## SPORT TRAINING HISTORY

How long the athlete has been practicing Taekwondo?	
Which discipline the athlete trains the most?	
How many days per a week does the athlete train?	
Has the athlete been competing in Taekwondo? Yes No	If yes, please specify how many:
Any other sports the athlete practices? Yes No	If yes, please specify which sport:

## ACCURACY OF BASIC TECHNIQUES DURING TRAINING (SINGLE MOTIONS)

TECHNIQUE	RIGHT SIDE	LEFT SIDE
Punch		
Lower block (Are-Makki)		
Middle inside block (An-Makki)		
Higher block (Eulgool-Makki)		
Front kick (Ap-Chagi)		
Side kick (Yop-Chagi)		
Turn kick (Dohlllyuh-Chagi)		

## ACCURACY OF POOMSAE DURING TRAINING

TECHNIQUE	RIGHT SIDE	LEFT SIDE
Stance		
Sequence		
Lateral transition		
Leg Balance		
Coordination		

## POOMSAE TRAINING

How many Poomsae the athlete knows?		
How long did it take to learn Poomsae #1	Days	Months
How long did it take to learn Poomsae #2	Days	Months
How long did it take to learn Poomsae #3 (if applicable)	Days	Months
How long did it take to learn Poomsae #4 (if applicable)	Days	Months
How long did it take to learn other higher Poomsae (if applicable)	Days	Months

## SELF AWARENESS

Recognise their mistake:	Yes	No	I do not know
Correct their mistake:	Yes	No	I do not know
Self-confidence:	Yes	No	I do not know
Interaction with the coach:	Yes	No	I do not know
Interaction with other members:	Yes	No	I do not know
What motivates your athlete:			

## REACTIONS TO ENVIRONMENT DURING TRAINING

Light tolerance:	
Sound tolerance:	
Bare foot tolerance:	
Physical contact and proximity to others:	
Reaction to specific colors:	
Temperature tolerance:	
Eating intervals:	
Water drinking intervals:	
Best quality:	
Area of improvement:	

## REACTIONS DURING COMPETITION

<b><i>If your athlete did not attend any competitions, please disregard the below, and tick this box:</i></b>		<b>NO COMPETITION</b>
How many national competitions attended?		
How many international competitions attended?		
Name of last competition attended	Location	Date (dd/mm/yyyy):
Name of Best performance competition:		Date (dd/mm/yyyy):
Location		
General accuracy of the Poomsae performance (individual):		
General accuracy of the Poomsae performance (pair):		
General accuracy of the Poomsae performance (team):		
Does your athlete respond to Taekwondo commands of the judges:		
Follow coach's instruction:		
Acceptance of judges' decision:		
Demonstrates "sportsmanship" in win or loss situations:		
Does the athlete have difficulty in controlling their emotions?		
What is their response to winning?		
What is their response to losing?		
What is the athlete's response Infront of a crowd?		

### Coach Declaration

I hereby verify and acknowledge that all information provided in the current form are accurate to the best of my ability.

\_\_\_\_\_  
Coach's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date