



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)

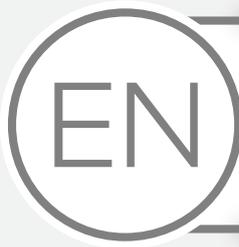
### **Davranış Uyum Testleri:**

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

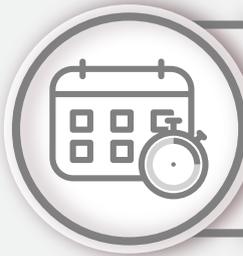
**TÜM BELGELER İNGİLİZCE OLARAK SUNULMALIDIR**

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

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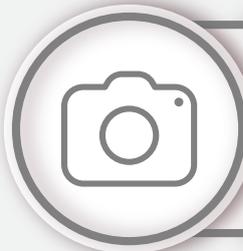
- This form must be completed in **ENGLISH** by the Member National Association (MNA)'s physician or team doctor.



- 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.

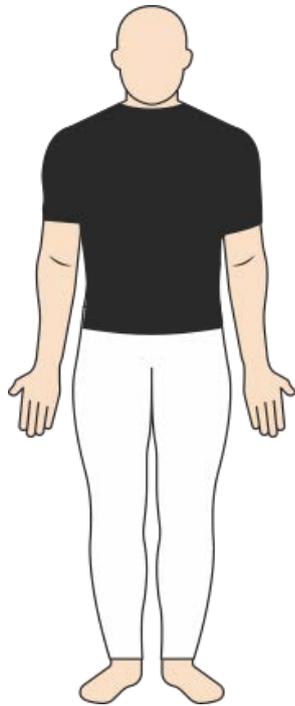


- The Assessment group may ask for further documents to be submitted depending on the individual athlete's health condition and impairment.

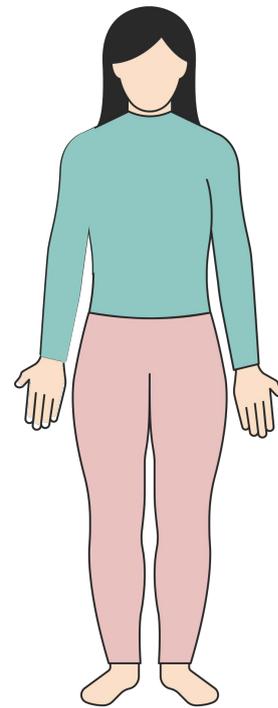


- For further information, please contact Para Taekwondo Department at [classification@worldtaekwondo.org](mailto:classification@worldtaekwondo.org)

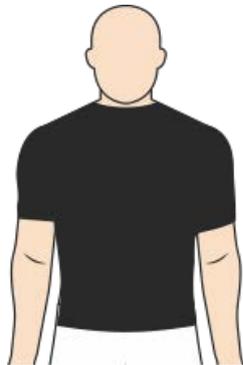
# PHOTO GUIDE



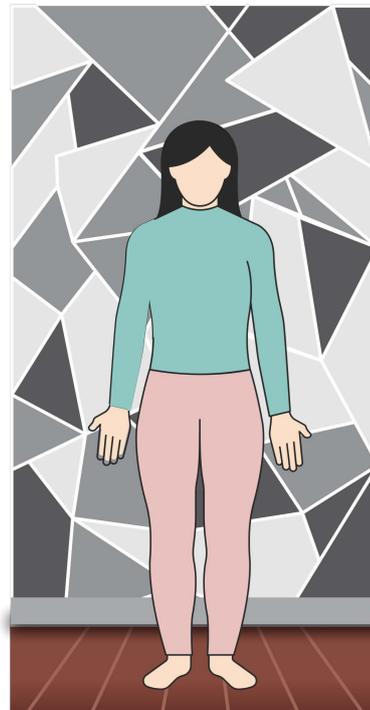
Anatomical position  
& full body photo



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 Training History & 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

<b><i>If your athlete doesn't have any ophthalmic conditions, please tick this box:</i></b>		<b>All <u>Not</u> <u>Applicable</u> N/A</b>
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	<i>If yes, please specify how many:</i>
Any other sports the athlete practices? Yes No	<i>If yes, please specify which sport:</i>

## 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 <i>(if applicable)</i>	Days	Months
How long did it take to learn Poomsae #4 <i>(if applicable)</i>	Days	Months
How long did it take to learn other higher Poomsae <i>(if applicable)</i>	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

<i>If your athlete did not attend any competitions, please disregard the below, and tick this box:</i>		<b>NO COMPETITION</b>
How many national competitions attended?		
How many international competitions attended?		
Name of last competition attended	Location	Date (dd/mmm/yyyy):
Name of Best performance competition:	Location	Date (dd/mmm/yyyy):
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



## **WT Classification System - Eligibility Agreement**

WTCS is a web-based application designed to securely capture, store and retrieve Para Taekwondo athletes' personal and classification data managed by the member national association (MNA's) supervised by the World Taekwondo. This Agreement commences on the date I sign below and, subject to the provisions set out below, continues, unless specified otherwise, in full force and effect until I cease to compete in WT Competitions.

1. I agree to comply with the World Taekwondo Athlete Classification Rules, WT Para Competition Rules and any other rules or regulations that apply to my participation in a World Taekwondo, Para Taekwondo competition. These documents may be amended from time to time and can be found on, or linked through, the World Taekwondo website or can be obtained upon written request to the WT Para Taekwondo Department and I understand that I am deemed to have read and understood them.
2. I agree that it is my responsibility as athlete or support personnel to be knowledgeable of, and comply with, all applicable policies, rules and processes established by WT Athlete Classification Rules. I will participate in Athlete Evaluation in good faith and to ensure, when appropriate, that adequate information related to Health Conditions and Eligible Impairments is provided and/or made available to WT. I will cooperate with any investigations concerning violations of these Rules and actively participate in the process of education and awareness, and Classification research, through exchanging personal experiences and expertise.
3. I agree and consent to World Taekwondo processing my personal data in the WTCS Classification System including my full name, copy of my passport/ID Card, classification documents e.g. MDF, photo evidence of impairment and medical information. As well as my name, country and sports class and sports class status being published by World Taekwondo and shared with third parties such as competition organisers.
4. I agree to comply with the requests from the classification evaluation committee. This includes providing enough documentation as to allow the classification evaluation committee to determine if the eligibility requirements for para taekwondo are met. I understand that if I fail to comply with any such request then the classification evaluation committee will not be able to provide an outcome.

5. I confirm that the information about myself I have provided in this Agreement (Personal Data) is true, complete and accurate. In accordance with the data protection laws applicable to the WT Competition, I acknowledge that:

- My Personal Data is being collected by the WT, and/or MNA and Local Organising Committees (LOCs) and such Personal Data is being stored and used by the WT, or my MNA and LOCs (including being transferred to or stored on the WTCS server), and the responsible host government, law enforcement, border services and security agencies and similar organisations authorised by WT (Third Parties) for the purposes of, and to the extent necessary in relation to, facilitating my participation in, and/or organising WT Competitions.
- My Personal Data, potentially including relevant sensitive personal data, is being transferred to Third Parties, and is being processed as necessary to grant me accreditation for WT Competitions.
- WT, LOC and Third Parties, may share amongst themselves my Personal Data for the purposes of investigating and/or prosecuting breaches of any of the WT Competition provisions, rules or by-laws.
- Any usage of my Personal Data for purposes not included in this Agreement may be based on my explicit consent to the WT, including to undergo athlete evaluation.

I understand that I may contact the World Taekwondo at: [para-tkd@worldtaekwondo.org](mailto:para-tkd@worldtaekwondo.org) / [classification@worldtaekwondo.org](mailto:classification@worldtaekwondo.org) should I have any questions about the content of this Agreement and the use of my Personal Data.

I confirm that I have read and acknowledge all the provisions of this Agreement and that my signature below is authentic and is the signature of the participant named above.

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Signature of Athlete

Date



**Parental consent for minor participant**

I, \_\_\_\_\_ the custodial parent and/or legal guardian of  
\_\_\_\_\_, age \_\_\_\_\_, born \_\_\_\_\_, have read and understood the WT  
Classification System - Eligibility Agreement.

Therefore, in consideration of the participation of the abovementioned child/minor in WT Para Taekwondo events, which participation I hereby expressly consent to, the applicable rules and regulations and policies and processes established by WT Athlete Classification Rules. I consent to my child participation in Athlete Evaluation and the provision of adequate information related to Health Conditions and Eligible Impairments to WT.

I consent that my child cooperates with any investigations concerning violations of these Rules and actively participates in the process of education and awareness, and Classification research, through exchanging personal experiences and expertise. Furthermore, I agree and consent to World Taekwondo processing my child's personal data in the WTCS Classification System including my child's full name, copy of my passport/ID Card, classification documents e.g. MDF, photo evidence of impairment and medical information as well as my child's name, country and sports class and sports class status being published by World Taekwondo and shared with third parties such as competition organisers.

I consent for my child to comply with the requests from the classification evaluation committee. This consent includes providing enough documentation as to allow the classification evaluation committee to determine if the eligibility requirements for para taekwondo are met. I understand that if my child fails to comply with any such request then the classification evaluation committee will not be able to provide an outcome.

Name custodial parent and/or legal guardian:

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Date and signature:

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Name and date of birth of the child:

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