



Special Olympics

Motor Activities Training Program

Coaches Guide

Section III: Evaluation of Athletes



Special Olympics Motor Activities Training Program: Evaluation of Athletes

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Determining Placement of Athletes

When determining whether the Motor Activity Training Program is appropriate for an athlete, several factors must be considered. Basic motor skills are obviously a critical factor; but equally important are social skills, ability to participate in group activities, ability to attend to a specific task, and receptive language abilities.

The following evaluation tools are recommended to help determine whether an athlete is best suited for the Motor Activity Training Program, or has the skills to compete in Official Special Olympics sport events for athletes with lower abilities.

The first two forms are used to determine whether the athlete will be best served by the Motor Activity Training Program or competitive activities for athletes with lower abilities found in traditional Special Olympics sports.

- a) Motor Activity Training Program Athlete Qualification form
- b) Athlete Social Adaptability Questionnaire (Quick form)

The next three forms help you gather necessary information on athletes who will be participating in the Motor Activity Training Program.

- c) Athlete Information form
- d) Motor Skills Assessment Form
- e) Functional Assessment Protocol

The Motor Activity Training Program Athlete Qualification Form

The Motor Activity Training Program Athlete Qualification Form contains five items and is used to determine if an athlete's abilities qualify him/her for the Motor Activity Training Program or the Official Special Olympics sports program. If a potential athlete cannot perform any of the five items, he/she qualifies for the Motor Activity Training Program. If an athlete can accomplish any of the five items, he/she has the basic motor skills to compete in Special Olympics events for athletes with lower ability levels. The Athlete Questionnaire can then be completed to determine social and adaptability readiness.

Remember that virtually every athlete participating in the Motor Skill Development Program is surrounded by a support network that includes parents, care givers, Physical Therapists, Occupational Therapists, Adapted Physical Education Teachers, Classroom Teachers, Social Workers, etc. All these people are potential resources on questions of what the athlete likes, dislikes, is interested in and capable of. Include as many of them as possible in the process of determining appropriateness of MATP participation.

The Athlete Social Adaptability Questionnaire

The Athlete Social Adaptability Questionnaire is helpful in evaluating the social and adaptability skills of athletes. This is critical especially in cases where the athlete seems to have the basic motor ability to perform the tasks in isolation. The results of this questionnaire will help determine the appropriateness of the Motor Activity Training Program vs. Competitive Events for Lower Ability Athletes.



The Athlete Information Form

The Athlete Information Form includes information about the athlete's reflexes and reactions, activities of daily living and communication skills. Therefore, a family member or a professional who is familiar with the athlete's reflexes and reactions must complete the form. Motor Activity Training Program coaches should not test reflexes or reactions unless they have had professional training in fields such as special education, adapted physical education, nursing, physical therapy or occupational therapy. Working with the athlete's family and multidisciplinary team to complete the Athlete Information form is also a good way to build rapport among those involved in the athlete's life.

The Motor Skills Assessment Form

The Motor Skills Assessment Form is a quick assessment of strengths and weaknesses in the seven motor skill categories that are the focus of this guide. Once completed, a coach can use this information to identify strengths as well as skills that the athlete might want to improve upon.

The Medical/Health Background Form

The Medical/Health Background Form is designed to identify information that coaches should be aware of in planning and conducting training programs. It should be completed by the athlete's coach in conjunction with the athlete's parents or care giver as well as the athlete's therapists or adapted physical education specialist.

The following pages are designed to assist a coach in completing the Motor Activity Training Program evaluation forms.

A completed sample of each of the forms has been provided. Note that general comments have been entered at the end of the sample Athlete Information Form.



MOTOR ACTIVITY TRAINING PROGRAM - SAMPLE

ATHLETE QUALIFICATION

Smith

Athlete Surname/Family

John

Given/First

MI

Athlete Birth date (dd mm yy)

Female Male

Gender

Please mark (✓) Yes or No for each of the following questions.

Qualifying Abilities

Yes No Throws a tennis ball

Yes No Walks independently or with assistive aides (walker, cane, etc.) for a minimum distance of 10 meters.

Yes No Moves a manual wheelchair for a distance of 10 meters

Yes No Controls a motorized wheelchair for a distance of 10 meters

Yes No Swims a distance of 15 meters with or without the use of flotation devices

If your athlete is able to do any of the above,
he/she qualifies for Special Olympics sport events for athletes with lower abilities.

Please mark (✓) one statement.

This athlete qualifies for Special Olympics sport events for athletes with lower abilities

This athlete qualifies for Special Olympics Motor Activity Training Program

Janice Smith
Completed By (Signature)

2/28/03
Date



Environment

Yes No Athlete is comfortable in the training environment

Activities of Daily Living

Yes No Athlete identifies five (5) familiar objects that he/she uses daily

Yes No Athlete uses the toilet with or without assistance

Yes No Athlete puts on a T-shirt and pulls on shorts/pants

Yes No Athlete moves effectively in living space

Awareness

Yes No Athlete vision concerns _____

Yes No Athlete hearing concerns _____

Yes No Athlete attends to an object placed in front of him/her

Basic Communication Skills

Yes No Athlete performs simple problem solving

Yes No Athlete communicates through speech or other method

Yes No Athlete attends to instruction for _____seconds

Yes No Athlete understands one-part verbal or signed directions (language skills)

Yes No Athlete performs a two-part command

Yes No Athlete responds when his/her name is spoken or signed

Behavioral Issues

Please describe major behavioral issues related to your athlete

General Comments to Assist with Training of the Athlete:

I, _____ have consulted with the following people in the completion of this form.

Signature

Date



Activities of Daily Living _____

- Yes No Athlete identifies five (5) familiar objects that he/she uses daily
- Yes No Athlete uses the toilet (with or without assistance)
- Yes No Athlete puts on a T-shirt and pulls on shorts/pants
- Yes No Athlete moves effectively in living space

Awareness _____

- Yes No Athlete vision concerns ___None_____
- Yes No Athlete hearing concerns ___None_____
- Yes No Athlete attends to an object placed in front of him/her

Basic Communication Skills

- Yes No Athlete performs simple problem solving
- Yes No Athlete communicates through speech or other method
- Yes No Athlete attends to instruction for ___10___ seconds
- Yes No Athlete understands one-part verbal or signed directions (language skills)
- Yes No Athlete performs a two-part command
- Yes No Athlete responds when his/her name is spoken or signed

Behavioral Issues

Please describe major behavioral issues related to your athlete:

John becomes frustrated very easily and may act out. This is especially true when he becomes fatigued.

General Comments to Assist with Training of the Athlete:

John has difficulty keeping his head up and must be reminded frequently to lift his head and attend to the activity. He also fatigues easily. John functions best when in his wheelchair. John prefers larger, softer balls or wiffle balls to a tennis ball or smaller ball – they are easier for him to release. John enjoys watching basketball and prefers to be called by his nickname, which is “J” or “Big J”.

I, Janice Smith, have consulted with the following people in the completion of this form.

Sarah Larson, John’s PT; Angela Guerrero, John’s APE teacher; Marc Schwarz, John’s Special Education teacher

Janice Smith
Signature

2/28/03
Date



Motor Skill Assessment

Each test item is broken into a hierarchical progression of subtasks from lowest to highest ability. To administer the assessment, observe the participant as he/she performs each test item. If there is some question as to the participant's competence in a particular skill, require the participant to perform the task five times. Give the participant credit for the skill level if he/she can perform the activity four out of five times. You may also want to make notes for yourself on the instruction required as you performed the assessment.

Any athlete who can perform the highest level of one or more of the seven test items should be considered for inclusion in events for athletes of lower ability within one of the Official or Recognized Sports in the rule book.

Skill Assessment Purpose

1. Determine participant's present level of performance.
2. Determine where to begin teaching student.
3. Determine if student may qualify for Official Special Olympics Sports.

Athlete Name: _____

Mobility

- Attempts to lift head off mat when placed on stomach
- Lifts head off mat when placed on stomach
- Rolls over to back when placed on stomach
- Performs two consecutive log rolls

Dexterity

- Attempts to grasp and hold small objects
- Grasp and holds small objects
- Grasps and moves small object away from body
- Grasps, moves, and releases small object
- Tosses object of soft shot put

Striking

- Attempts to touch ball that is placed next to hand
- Touches ball that is placed next to hand
- Pushes ball off batting tee with hand
- Hits ball off tee with hand
- Hits ball off tee with striking implement



Kicking

- Attempts to touch ball with foot
- Touches ball with foot
- Pushes ball forward with foot
- Kicks ball forward less than one meter
- Kicks ball forward three meters or more

Manual Wheelchair (Optional)

- Places hands on wheels of wheelchair
- Pushes wheelchair with assistance
- Pushes wheelchair forward one rotation
- Pushes wheelchair forward less than one meter
- Pushes wheelchair forward three meters or more

Electric Wheelchair (Optional)

- Attempts to touch controls of electric wheelchair
- Touches controls of electric wheelchair
- Pushes controls of electric wheelchair
- Propels wheelchair a few feet without direction
- Propels wheelchair forward one meter

Aquatics (If Available)

- Tolerates water
- Floats with assistance
- Floats independently
- Floats and attempts to propel self
- Propels self forward one meter

Person completing this form: _____ Date: _____

Did this athlete achieve all five skills in any of the categories? YES NO

If YES – this athlete should be considered for Events for Athletes with Lower Ability in one of the Official or Recognized Sports found in the Special Olympics Rules Book.



Medical/Health Background

Name: _____ School: _____ DOB: _____ Date: _____
Tester: _____

What is the athlete's primary disability?

What is the athlete's secondary disabilities?

Are there any movements or positions athlete should or cannot do? Describe.

Is the athlete on medication?

If yes, describe type and purpose

Does the athlete have any allergies? Describe.

Does the athlete have a feeding tube?

Does the athlete have a shunt?

Does the athlete have scoliosis?

If yes, does the athlete have rods in his back?

Does the athlete have any dislocations?

If yes, where?

Does the athlete receive Physical Therapy and/or Occupational Therapy?

If yes, how often and who is the PT/OT?

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