

National Evaluation of the Special Olympics Unified Sports Program

Appendix B

Athlete Questionnaire

Family Member Questionnaire

Partner Questionnaire

Coaches Questionnaire

UNIFIED SPORTS – ATHLETE QUESTIONNAIRE

*Developed for Special Olympics Inc. by:
Center for Social Development and Education, University of Mass. Boston
Department of Special Education, University of Utah*

Sporting Event: _____

Interviewer: _____ Date: _____

Name (Optional): _____ Gender: _____ Age: _____

State: _____ City: _____

Family Member present at interview: _____

1. Can you name all of the Unified Sport(s) you have played in?

2. Which sport is your favorite? _____

3. What do you like about the sport that you are playing now?

4. Do you get enough playing time?

Yes No Don't Know N/A

5. How much do you like the following things in your sport?

<i>Training/Practices</i>	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	A lot <input type="checkbox"/>
<i>Competition/ Games</i>	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	A lot <input type="checkbox"/>
<i>Being with teammates</i>	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	A lot <input type="checkbox"/>

6. Do you get along with the other Special Olympics athletes on your team?

None Some All N/A

7. Do you get along with the partners on your team?

None Some All

8. Do you see any of the athletes from your team when you are not playing _____ (sport)?

<i>Location:</i>	Yes	No	N/A	How Often:		
School				Once a day	Once a week or more	Once a month or more
Work				Once a day	Once a week or more	Once a month or more
Home				Once a day	Once a week or more	Once a month or more
Community				Once a day	Once a week or more	Once a month or more

9. Do you see any of the partners from your team when you are not playing _____ (sport)?

<i>Location:</i>	Yes	No	N/A	How Often:		
School				Once a day	Once a week or more	Once a month or more
Work				Once a day	Once a week or more	Once a month or more
Home				Once a day	Once a week or more	Once a month or more
Community				Once a day	Once a week or more	Once a month or more

10. Do any members of your family (brother, sister, mother, father, cousin, etc.) play on your Unified Sports team?

Yes No

If yes, who? _____

11. Have you become better at _____ (sport)?

No

A little better

A lot better

12. Does playing a Unified Sport make you feel good about yourself? Yes No

Why? _____

13. Do you have a choice of playing on a Unified Sports team or a traditional Special Olympics team?

Yes No Don't Know N/A

14. Do you prefer to play on a Unified Sports team?

Yes No No difference N/A

15. Would you like to play in the Unified Sports program next year?

Yes No Don't Know N/A

16. What other sports would you like to play with your partner(s)?

17. What do you like most about Unified Sports?

18. What do you like least about Unified Sports?

19. Would you encourage your friends to play Unified Sports?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Definitely not

Absolutely

UNIFIED SPORTS – FAMILY MEMBER QUESTIONNAIRE

*Developed for Special Olympics Inc. by:
Center for Social Development and Education, University of Mass. Boston
Department of Special Education, University of Utah*

Sporting Event: _____

Interviewer: _____ Date: _____

Name (Optional): _____ Relation to Athlete: _____

State: _____ Area: _____

How many years has your athlete participated in Unified Sports?

Your Age: _____ Age of Athlete: _____ Athlete's Gender: _____

1. Is your athlete: enrolled in school employed unemployed

2. Have you, or any other family members, participated in Unified Sports as a:

Partner: Yes No If yes, who? _____

Coach: Yes No If yes, who? _____

Volunteer: Yes No If yes, who? _____

3. Do any family members, who participate as partners, have a disability? Yes No
N/A

If yes, explain their disability? _____

4. What sport(s) in the Unified Sports Program has your athlete participated in during the past 12 months?

5. At what level(s) has your athlete competed in Unified Sports? (Please check all that apply)

____ Community level:

____ Area level:

____ State level:

____ National level:

____ World Games:

6. As a family member, what are your goals for your athlete's participation in Unified Sports?

(Please rank the top three, with 1 as most important)

- _____ Improved sport skills
- _____ Improved self esteem and self-confidence
- _____ Improved health
- _____ Improved adaptive behavior (e.g. self-help skills, social skills)
- _____ Improved friendship
- _____ Other _____

7. As a family member, did you have a choice regarding your athlete's participation in Unified

Sports versus traditional Special Olympics?

Yes No Don't know

8. Do you prefer your athlete playing Unified Sports rather than playing on a traditional Special Olympics team?

Yes No No preference

Why? _____

9. How much communication do you have with the following people?

	None	Some	A lot	N/A
Coaches				
Family members of athletes				
Family members of partners				
School Administration				
Local level SO staff				
Area level SO staff				
State level SO staff				

10. For the most recent Unified Sport, how many training sessions and how many competitions did your athlete participate in?

Training sessions: _____ per week

Competitions: _____ total

11. When your athlete is competing, what aspects of the event do you think are most important?

(Rank the top three, with 1 being most important)

- _____ Winning
- _____ Teamwork
- _____ Sportsmanship
- _____ Achieving personal best performance
- _____ Achieving team best performance
- _____ Fun
- _____ Camaraderie/Team spirit

12. As a family member, have you experienced problems in transportation to and from training and/or competitions?

No Problems Some Problems A lot of Problems

13. As a family member, do you think the partners dominate the competition?

No Some A lot N/A

14. How would you rate the ability of coaches, in Unified Sports, to work with individuals with Mental Retardation?

Poor Adequate Excellent Don't know

**15 In the past year, do you feel your athlete has improved in the following areas?
(Please check all that apply and rate level of improvement)**

- ___ Physical abilities (sport-specific skills) ___ some improvement ___ great improvement
- ___ Self-esteem/ Self-confidence ___ some improvement ___ great improvement
- ___ Health ___ some improvement ___ great improvement
- ___ Adaptive behaviors ___ some improvement ___ great improvement
- ___ Relationships with fellow athletes ___ some improvement ___ great improvement
- ___ Relationships with partners ___ some improvement ___ great improvement
- ___ Relationships w/peers at school/work ___ some improvement ___ great improvement
- ___ Relationships with family members ___ some improvement ___ great improvement
- ___ Relationships with other adults ___ some improvement ___ great improvement

16. What aspects of Unified Sports do you like the most?

17. What aspects of Unified Sports do you like the least?

18. As a family member, how satisfied are you with your athlete's overall experience in Unified Sports?

Not satisfied 1 _____ 2 _____ 3 _____ 4 _____ 5 Very satisfied

19. Would you recommend Unified Sports to other families with children with mental retardation?

Definitely not 1 _____ 2 _____ 3 _____ 4 _____ 5 Highly
Recommend Recommend

20. Are there any additional comments you care to add concerning your athlete's participation in Unified Sports?

Thank you for completing this questionnaire

UNIFIED SPORTS – PARTNER QUESTIONNAIRE

Developed for Special Olympics Inc. by:
Center for Social Development and Education, University of Mass. Boston
Department of Special Education, University of Utah

Sporting Event: _____

Interviewer: _____ Date: _____

Name (Optional): _____ Gender: _____ Age: _____

State: _____ City: _____

Family member present at interview?: _____

1. Can you name all of the Unified Sport(s) you have played in?

2. Which sport is your favorite?

3. What do you like about the sport that you are playing now?

4. Are you related to any of the athletes on your Unified Sports team? Yes No

If yes, please explain relation: _____

5. Are you related to any of the partners on your Unified Sports team? Yes No

If yes, please explain relation: _____

6. Do you get enough playing time?

Yes No Don't Know N/A

7. How much do you like the following things in your sport?

<i>Training/Practices</i>	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	A lot <input type="checkbox"/>
<i>Competition/ Games</i>	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	A lot <input type="checkbox"/>
<i>Being with teammates</i>	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	A lot <input type="checkbox"/>

8. Do you get along with the Special Olympics athletes on your team?

None Some All

9. Do you get along with the other partners or your team?

None Some All N/A

10. Do you see any of the athletes from your team when you are not playing _____
(sport)?

<i>Location:</i>	Yes	No	N/A	<i>How Often:</i>		
School				Once a day	Once a week or more	Once a month or more
Work				Once a day	Once a week or more	Once a month or more
Home				Once a day	Once a week or more	Once a month or more
Community				Once a day	Once a week or more	Once a month or more

11. Do you see any of the partners from your team when you are not playing _____
(sport)?

<i>Location:</i>	Yes	No	N/A	<i>How Often:</i>		
School				Once a day	Once a week or more	Once a month or more
Work				Once a day	Once a week or more	Once a month or more
Home				Once a day	Once a week or more	Once a month or more
Community				Once a day	Once a week or more	Once a month or more

12. As a result of your participation in Unified Sports, do you have a better understanding of individuals with mental retardation?

No A little better A lot better

13. At the local level, how competitive is the Unified sport that you play?

Not competitive Somewhat competitive Very competitive

14. Which of the following describes your approach to Unified Sports competition?

- I always play to the best of my ability
- I play hard, but try not to take away opportunities from the athletes.
- I play hard enough to assist the athletes and keep the game moving.
- I don't play hard at all.

15. Have you become better at _____ (sport) since participating in Unified Sports?

No A little better A lot better

16. Does playing a Unified Sport make you feel good about yourself? Yes No

Why? _____

17. Would you like to play _____ (sport) in the Unified Sports program next year?

Yes No Don't Know N/A

18. What other sports would you like to see offered as Unified Sports?

19. What do you like most about Unified Sports?

20. What do you like least about Unified Sports?

21. Would you recommend Unified Sports to a friend?

Definitely not 1 _____ 2 _____ 3 _____ 4 _____ 5 Highly
Recommend Recommend

Why? _____

[If not apparent, ask the following question]

22. Do you have a disability? Yes No

If yes, please explain: _____

UNIFIED SPORTS – COACHES QUESTIONNAIRE

*Developed for Special Olympics Inc. by:
Center for Social Development and Education, University of Mass. Boston
Department of Special Education, University of Utah*

Name (optional): _____ **Date:** _____

State: _____ **Area (optional):** _____

1: What sports have you coached in Unified Sports programs during the past 12 months?

(Please name the sports, placing an asterisk next to the most recent sport).

_____	_____	_____
_____	_____	_____
_____	_____	_____

2: How many years have you coached in the Unified Sports program? _____

3: In addition to coaching, are you also a family member of an athlete or partner in Unified Sports?

Yes No

4: Are you now, or have you ever been, paid to coach in Unified Sports by your employer?

Yes No

5: Do you also coach in traditional Special Olympics? Yes No

If so, for how many years? _____

6: If you have coached **both** traditional Special Olympics and Unified Sports, which do you prefer?

Traditional Special Olympics Unified Sports No Preference

7: In the past year have you coached a team **not** affiliated with Special Olympics? Yes

No

If yes, please check at what level(s):

____ High School

____ College

____ Recreational

8: What types of training have you received from Special Olympics? (Check all that apply)

- Printed/video training materials only
- General Special Olympics Orientation
- Sport Specific Training Sessions
- Unified Sports General Training Sessions
- Sport specific training combined with Unified Sports training
- None

9: As a coach, what formal training, if any have you received outside of Special Olympics on how to coach? (Please describe)

10: What formal training, if any, have you received outside of Special Olympics in working with people with mental retardation?

**11: As a coach in Unified Sports, how would you rate your ability to coach athletes with mental retardation alongside the partners without mental retardation?
(Please check one)**

- Less than adequate
- Adequate
- More than adequate

12: As a coach in Unified Sports, do you feel it is sometimes necessary to make modifications in rules, eligibility, etc.?

Yes No

If yes, what were your reason(s) for the modifications? (Check all that apply)

_____ Partner dominance
_____ Athlete safety
_____ Increase opportunity for athlete participation
_____ Accommodate an athlete's or partner's skills
_____ Recommended by the local or area program staff
_____ Other (please describe) _____

13: How would you rate the financial resources available to you? (Please check one)

_____ Less than adequate
_____ Adequate
_____ More than adequate

14: In the most recent Unified Sports team you coached, what was the age range for athletes and partners?

Athletes' age range: _____ to _____
Partners' age range: _____ to _____

15: In the most recent Unified Sports team you coached,

How many training sessions were held for the season? _____

How many competitions did your team participate in for the season? _____

16: In the most recent Unified Sports team you coached, how much volunteer help did you have? (Give an approximate number of volunteers for each category)

From the community _____
From a school _____
Athletes' family members _____
Partner's family members _____
Paid staff _____
Other _____

17: In the most recent Unified Sports team that you coached, how many of the partners you coached were family members of athletes with mental retardation? (Please check one)

_____ 0%
_____ 1-25%
_____ 26-50%
_____ over 50%

18: In the most recent Unified Sports team that you coached, how many of the partners you coached had a disability?(Please check one)

- 0%
- 1-25%
- 26-50%
- over 50%

19: What are the reasons you coach in the Unified Sports program? (Please check all that apply)

- Personal satisfaction
- Family member of athlete/partner
- Volunteer/work related
- Paid position/work related
- Other (please explain) _____

20: How much communication do you have with the following? (Please check the appropriate boxes.)

	None	A little	Some	A lot
Family members of athletes				
Family members of partners				
Other coaches in Unified Sports				
School Administration				
Community organizers & volunteers				
Special Olympics area level staff				
Special Olympics state level staff				
Special Olympics national staff				

21: As a coach, how much of a problem did you experience in the following areas over the last 12 months? (Please check the appropriate boxes.)

	No problem	Small problem	Big problem
<i>Scheduling practices and games</i>			
<i>Attendance of athletes at training & competition</i>			
<i>Attendance of partners at training & competition</i>			
<i>Communication with family members of athletes</i>			
<i>Communication with family members of partners</i>			

<i>Facilities that are accessible to athletes & partners for training & competition</i>			
<i>Appropriate equipment and materials</i>			
<i>Obtaining support help (e.g., family members, community volunteers) to assist at training & competition</i>			
<i>Matching age and ability of partners and athletes</i>			
<i>Transportation of athletes for training & competition</i>			
<i>Recruiting enough appropriate athletes</i>			
<i>Recruiting enough appropriate partners</i>			
<i>Domination by athletes</i>			
<i>Partner dominance</i>			

22: Are there any other problems or issues not listed above that you have experienced?
(Please describe)

23: For the most recent Unified Sports team you coached, what was the attrition for athletes with mental retardation?

- _____ 0%
- _____ 1-25%
- _____ 26-50%
- _____ over 50%

What was the attrition for partners?

- _____ 0%
- _____ 1-25%
- _____ 26-50%
- _____ over 50%

24: As a coach in Unified Sports, what are your priorities for athletes with mental retardation? (Rank the top three, 1 being top priority)

- _____ Improved sport skills
- _____ Improved self esteem and self-confidence
- _____ Improved health
- _____ Improved adaptive behaviors (e.g. self help skills, etc)
- _____ Improved friendship
- _____ Other (please explain) _____

25: As a coach in Unified Sports, what are your priorities for partners?

(Rank the top three, 1 being top priority)

- _____ Improved sport skills
- _____ Improved self esteem and self-confidence
- _____ Improved health
- _____ Improved understanding and acceptance
- _____ Improved friendship
- _____ Other (please explain) _____

26: How would you describe the contributions of athletes with mental retardation and partners to the team's performance?

- _____ Partners contribute more
- _____ Both equal
- _____ Athletes contribute more

27: As a coach, how much individual assessment of abilities do you do for each athlete with mental retardation?

- _____ None
- _____ A little
- _____ Some
- _____ A lot

28: As a coach, how much individual assessment of abilities do you do for each partner?

- _____ None
- _____ A little
- _____ Some
- _____ A lot

29: Does this assessment determine the nature/level of participation for each athlete with mental retardation and each partner?

- Yes No

If yes, please explain:

30: For the most recent Unified Sports sport you coached, was there a training/orientation for partners?

- Yes No

31: As a coach, how much input do you have in determining the eligibility of the athletes with mental retardation?

- _____ None
- _____ A little
- _____ Some
- _____ A lot

32: As a coach, how much input do you have in determining the eligibility of the partners?

- _____ None
- _____ A little
- _____ Some
- _____ A lot

33: As a coach in Unified Sports, have you had concerns about player dominance by partners?

- Yes No

If yes, how have you addressed the issues of player dominance by partners?

(Please check all that apply)

- _____ Education
- _____ Rules modification
- _____ Penalization
- _____ Other (please explain) _____

34: During competitions, what do you emphasize to the athletes with mental retardation and the partners? (Rank the top three, 1 being most important)

- _____ Winning
- _____ Teamwork
- _____ Sportsmanship
- _____ Achieving personal best performance
- _____ Achieving team best performance
- _____ Fun in participation
- _____ Camaraderie/Team spirit

Thank you for completing this questionnaire!

