## School Administrator Survey Protocol

### Survey Participant Background

1. **What is your gender?**
[ ] Male
[ ] Female
[ ] Do not wish to indicate
2. **What is your age group?**
[ ] 20 or younger
[ ] 21-30
[ ] 31-40
[ ] 41-50
[ ] 51-60
[ ] 61+
3. **What is your current position at this school? (Check all that apply)**

[ ] General education teacher

[ ] Special education teacher

[ ] Headmaster/principal

[ ] Physical education teacher

[ ] Counselor

[ ] Special education assistant

[ ] Other (Please specify)

*(Source: UMASS Boston Liaison Survey)*

1. **How long have you been in this position at this school?
­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [MONTHS and/or YEARS]

*(Source: Developing self-report measures on social inclusion for people with intellectual disabilities and for sports coaches: A transnational study)*

### Special Olympics Unified Schools Activities and Key Partners

1. **What Unified Schools activities are implemented in your school (check all that apply)?**[ ] Unified Sports
[ ] Inclusive Youth Leadership
[ ] Whole School Engagement

*(Source: Developing self-report measures on social inclusion for people with intellectual disabilities and for sports coaches: A transnational study)*

1. **How have you been involved in Unified Sports? (Check all that apply)**[ ] Coach
[ ] Other volunteer
[ ] Family member of an athlete
[ ] Other (Specify)

*(Source: Developing self-report measures on social inclusion for people with intellectual disabilities and for sports coaches: A transnational study)*

1. **How long have you been involved with Unified Sports?**\_\_\_\_\_\_\_ [MONTHS and/or YEARS]

*(Source: Developing self-report measures on social inclusion for people with intellectual disabilities and for sports coaches: A transnational study)*

1. **Which sports were offered as part of Unified Sports at this school this school year? *(Check all that apply)***[ ] Athletics (long jump, shot put, etc.)
[ ] Soccer [ ] Basketball [ ] Volleyball [ ] Track and Field [ ] Bowling
[ ] Bocce
[ ] Floor Hockey[ ] Softball
[ ] Netball
[ ] Cricket
[ ] Badminton
[ ] Cheerleading[ ] Other sport (specify)

*(Source: Special Olympics Unified Champion Schools Evaluation Guide: A Resource for US State Programs)*

1. **How have you been involved in Inclusive Youth Leadership programs? (Check all that apply)**[ ] Led an activity
[ ] Member
[ ] Other volunteer
[ ] Family member of a participant
[ ] Other (Specify)

*(Source: Adapted by American Institutes for Research)*

1. **How long have you been involved with any of the Inclusive Youth Leadership programs?**\_\_\_\_\_\_\_ [MONTHS and/or YEARS]

*(Source: Developing self-report measures on social inclusion for people with intellectual disabilities and for sports coaches: A transnational study)*

1. **How have you been involved in these Whole School Engagement activities? (Check all that apply)**[ ] Leader of an activity
[ ] Member
[ ] Other volunteer
[ ] Family member of a participant
[ ] Other (Specify)

*(Source: Adapted by American Institutes for Research)*

1. **How long have you been involved with any of the Whole School Engagement activities?**\_\_\_\_\_\_\_ [MONTHS and/or YEARS]

*(Source: The Special Olympics Unified Champion Schools Program: Unified Schools Intervention Study Final Report)*

1. **Do you have any key partners within Special Olympics (For example, education authorities, disability organizations, parent groups, sports federations, etc.)?**
[ ] Yes, please specify\_\_\_\_\_\_\_
[ ] No
[ ] Not applicable

*(Source: UMASS Boston Liaison Survey)*

1. **Do these key partners assist you with setting up activities for any of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Not Applicable** |
| Unified Sports Activities |  |  |  |
| Inclusive Youth Leadership Activities |  |  |  |
| Whole School Engagement Activities |  |  |  |

*(Source: Adapted by American Institutes for Research)*

#### **Unified Sports – Participation and Experience**

1. **During this school year, did you organize/participate any Unified Sports activities to raise awareness about how athletes with intellectual disabilities AND without intellectual disabilities can train and compete together? *(E.g. Special Olympics Sports Day or Unified Sports Day)***[ ] Yes
[ ] No
[ ] Not applicable

*(Adapted from Source: UMASS Boston Liaison Survey)*

1. **How many students participated in Unified Sports activities in the previous school** **year?**
# of students with intellectual disabilities participating as ATHLETES \_\_\_\_\_\_
# of students without intellectual disabilities participating as PARTNERS \_\_\_\_\_

*(Adapted from Source: UMASS Boston Liaison Survey)*

1. **How many students overall participated in Unified Sports in this school year in your school?**Unified Sports: \_\_\_\_\_ [NUMBER OF STUDENTS]

*(Adapted from Source: UMASS Boston Liaison Survey)*

1. **During this school year, have there been opportunities or trainings for you to learn more about Unified Sports and how to *implement* the activities or events that take place in your school?**[ ] Yes
[ ] No
[ ] Not Applicable

*(Adapted from Source: UMASS Boston Liaison Survey)*

1. **Did you participate in any of these trainings?**
[ ] Yes
[ ] No
[ ] Not Applicable

*(Adapted from Source: UMASS Boston Liaison Survey)*

1. **What topics did the trainings cover?**

|  |
| --- |
|  |

*(Adapted from Source: UMASS Boston Liaison Survey)*

1. **How helpful were these trainings to you in implementing Unified Sports activities at your school this year?**
[ ] Very helpful
[ ] Somewhat helpful
[ ] Neutral
[ ] A little helpful
[ ] Not helpful at all

*(Source: Adapted by American Institutes for Research)*

#### **Unified Sports – Perception of events/quality**

1. **Please check if the following difficulties have been experienced with Unified Sports by ticking the appropriate column. Add in a comment to explain each response.**

1. No difficulty – this has not been a problem for any teams

2. Some difficulty – a problem for some teams

3. Mostly a difficulty – nearly all teams have experienced this problem

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Difficulty** | **1 No** | **2 Some** | **3 Most** | **Comment** |
| Finding suitable coaches |  |  |  |  |
| Attendance of partners at training |  |  |  |  |
| Attendance of athletes at training |  |  |  |  |
| Attendance of coaches at training |  |  |  |  |
| Arranging competitions |  |  |  |  |
| Athletes travelling to/from home for training and competitions |  |  |  |  |
| Finding suitable training and competition facilities  |  |  |  |  |

*(Source: Appendices to the Report on Methodological Approaches and Procedures)*

1. **For coaches:
Do you feel sufficiently prepared by Special Olympics to coach** **Unified Sports?**[ ] Yes
[ ] No
[ ] Not applicable

*(Adapted from Source: Appendices to the Report on Methodological Approaches and Procedures)*

1. **For school administrators (principals, teachers, other school staff):
Do you feel sufficiently prepared by Special Olympics to lead or participate in** **Unified Sports?**[ ] Yes
[ ] No
[ ] Not applicable

*(Source: Adapted by American Institutes for Research)*

1. **Compared to other activities in the school, how would you rate the visibility of Unified Sports activities at your school?**
[ ] A lot more visible than other activities at the school
[ ] A little more visible than other activities at the school
[ ] About the same level of visibility compared to other activities at the school
[ ] A little less visible than other activities at the school
[ ] A lot less visible than other activities at the school

*(Source: Adapted by American Institutes for Research)*

1. **We would like to find out how people at your school found out about what was happening with the Unified Sports within the school. How were activities publicized or promoted to students and staff at your school?**[ ] School newspaper
[ ] Bulletin board
[ ] School events or assemblies
[ ] School website
[ ] Public announcements/PSAs
[ ] Posters/Banners
[ ] Newsletters or other mailings
[ ] Word of Mouth

*(Adapted from Source: UMASS Boston Liaison Survey)*

#### **Unified Sports – Suggestions for improvements for events**

1. **Do you think that some of the activities in Unified Sports at your school could be improved?**[ ] Yes
[ ] No
[ ] Not applicable

*(Source: Adapted by American Institutes for Research)*

1. **Do you think there could be an increase in the *engagement* of students in Unified Sports at your school?**
[ ] Yes
[ ] No
[ ] Not applicable

*(Source: Adapted by American Institutes for Research)*

1. **Do you think there could be an increase in the *participation* of students in Unified Sports at your school?**
[ ] Yes
[ ] No
[ ] Not applicable

*(Source: Adapted by American Institutes for Research)*

#### **Inclusive Youth Leadership –** **Participation and Experience**

1. **How many students overall participated in Inclusive Youth Leadership activities in this school year?**
\_\_\_\_\_ [NUMBER OF STUDENTS]

*(Adapted from Source: Promoting Social Inclusion in High Schools Using a Schoolwide Approach)*

1. **During this school year, have there been opportunities or trainings for you to learn more about the Inclusive Youth Leadership activities and how to *implement* the activities or events that take place in your school?**[ ] Yes
[ ] No
[ ] Not Applicable

*(Adapted from Source: Promoting Social Inclusion in High Schools Using a Schoolwide Approach)*

1. **Did you participate in any of these trainings?**
[ ] Yes
[ ] No
[ ] Not Applicable

*(Adapted from Source: Promoting Social Inclusion in High Schools Using a Schoolwide Approach)*

1. **What topics did the trainings cover?**

|  |
| --- |
|  |

*(Adapted from Source: Promoting Social Inclusion in High Schools Using a Schoolwide Approach)*

1. **How helpful were these trainings to you in implementing Inclusive Youth Leadership activities at your school this year?**
[ ] Very helpful
[ ] Somewhat helpful
[ ] Neutral
[ ] A little helpful
[ ] Not helpful at all

*(Adapted from Source: Promoting Social Inclusion in High Schools Using a Schoolwide Approach)*

#### **Inclusive Youth Leadership – Perception of events/quality**

1. **We would like to find out how people at your school found out about what was happening with the Inclusive Youth Leadership activities within the school. How were activities publicized or promoted to students and staff at your school?**[ ] School newspaper
[ ] Bulletin board
[ ] School events or assemblies
[ ] School website
[ ] Public announcements/PSAs
[ ] Posters/Banners
[ ] Newsletters or other mailings
[ ] Word of Mouth

*(Adapted from Source: Promoting Social Inclusion in High Schools Using a Schoolwide Approach)*

#### **Inclusive Youth Leadership – Suggestions for improvements for events**

1. **Do you think that some of the Inclusive Youth Leadership activities at your school could be improved?**[ ] Yes
[ ] No
[ ] Not applicable

*(Adapted from Source: Promoting Social Inclusion in High Schools Using a Schoolwide Approach)*

1. **Do you think there could be an increase in the *engagement* of students in Inclusive Youth Leadership activities at your school?**
[ ] Yes
[ ] No
[ ] Not applicable

*(Adapted from Source: Promoting Social Inclusion in High Schools Using a Schoolwide Approach)*

1. **Do you think there could be an increase in the *participation* of students in Inclusive Youth Leadership activities at your school?**
[ ] Yes
[ ] No
[ ] Not applicable

*(Adapted from Source: Promoting Social Inclusion in High Schools Using a Schoolwide Approach)*

#### **Whole School Engagement – Participation and Experience**

1. **How many students overall participated in the Whole School Engagement activities in this school year?**\_\_\_\_\_ [NUMBER OF STUDENTS]

*(Adapted from Source: The Special Olympics Unified Champion Schools Program: Unified Schools Intervention Study Final Report)*

1. **What type of Whole School Engagement activities did your school participate in this year?**

[ ] Spread the Word or Respect Campaign
[ ] Special Olympics assembly
[ ] Disability Day or Awareness Day

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Adapted from Source: The Special Olympics Unified Champion Schools Program: Unified Schools Intervention Study Final Report)*

1. **During this school year, have there been opportunities or trainings for you to learn more about Whole School Engagement and how to *implement* the activities or events that take place in your school?**[ ] Yes
[ ] No
[ ] Not Applicable

*(Adapted from Source: The Special Olympics Unified Champion Schools Program: Unified Schools Intervention Study Final Report)*

1. **Did you participate in any of these opportunities or trainings?**
[ ] Yes
[ ] No
[ ] Not Applicable

*(Adapted from Source: The Special Olympics Unified Champion Schools Program: Unified Schools Intervention Study Final Report)*

1. **What topics did the trainings cover?**

|  |
| --- |
|  |

*(Adapted from Source: The Special Olympics Unified Champion Schools Program: Unified Schools Intervention Study Final Report)*

1. **How helpful were these trainings to you in implementing Whole School Engagement activities at your school this year?**
[ ] Very helpful
[ ] Somewhat helpful
[ ] Neutral
[ ] A little helpful
[ ] Not helpful at all

*(Source: Adapted by American Institutes for Research)*

#### **Whole School Engagement – Perception of events/quality**

1. **We would like to find out how people at your school found out about what was happening with the Whole School Engagement activities within the school. How were activities publicized or promoted to students and staff at your school?**[ ] School newspaper
[ ] Bulletin board
[ ] School events or assemblies
[ ] School website
[ ] Public announcements/PSAs
[ ] Posters/Banners
[ ] Newsletters or other mailings
[ ] Word of Mouth

*(Adapted from Source: UMASS Boston Liaison Survey)*

#### **Whole School Engagement – Suggestions for improvements for events**

1. **Do you think that some of the Whole School Engagement activities at your school could be improved?**[ ] Yes
[ ] No
[ ] Not applicable

*(Adapted from Source: Special Olympics Unified Champion Schools Evaluation Guide)*

1. **Do you think there could be an increase in the *engagement* of students in Whole School Engagement activities at your school?**
[ ] Yes
[ ] No
[ ] Not applicable

*(Adapted from Source: Special Olympics Unified Champion Schools Evaluation Guide)*

1. **Do you think there could be an increase in the *participation* of students in Whole School Engagement activities at your school?**
[ ] Yes
[ ] No
[ ] Not applicable

*(Adapted from Source: Special Olympics Unified Champion Schools Evaluation Guide)*

### Outcomes/Impacts

#### **Perceived effects on school**

##### *Social Inclusion*

1. **Please check whether the students in your school who have participated in Unified Sports activities/Inclusive Youth Leadership activities/Whole School Engagement activities have benefited in the following ways:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **I don’t know** |
| Students are being better team members in sports |  |  |  |
| Students’ sports skills have increased |  |  |  |
| Students are meeting partners outside of training sessions |  |  |  |
| Students are visiting each other at home |  |  |  |
| Students’ friendships have developed |  |  |  |
| Students’ self-confidence has increased |  |  |  |
| Students are making more use of the community facilities |  |  |  |
| Students have become better communicators |  |  |  |
| Students’ families are proud of their achievements |  |  |  |

*(Source: Appendices to the Report on Methodological Approaches and Procedures)*

##### *School Climate*

1. **From a scale of 1 to 5 with 1 being no difference and 5 being a big difference, please mark how much of a difference do you think Unified Sports** **activities/Inclusive Youth Leadership activities/Whole School Engagement activities have made in your school in each of the following areas?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1 – No difference** | **2 – Very little difference** | **3 – Neutral** | **4 – Moderate difference** | **5 – Big difference** |
| Increasing the sense of community in the school  |  |  |  |  |  |
| Helping different student groups get along better  |  |  |  |  |  |

*(Adapted from Source: UMASS Boston Liaison Survey)*

#### **Perceived effects on students**

##### *Social Inclusion and School Engagement*

1. **From a scale of 1 to 5 with 1 being no difference and 5 being a big difference, please mark how much of a difference do you think Unified Sports activities/Inclusive Youth Leadership activities/Whole School Engagement activities have made in your students in each of the following areas?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1 – No difference** | **2 – Very little difference** | **3 – Neutral** | **4 – Moderate difference** | **5 – Big difference** |
| Providing more sports opportunities for students  |  |  |  |  |  |
| Helping promote leadership and advocacy skills among students  |  |  |  |  |  |
| Increasing participation of students in school activities  |  |  |  |  |  |
| Increasing confidence for students  |  |  |  |  |  |

*(Adapted from Source: UMASS Boston Liaison Survey)*

##### *Attitudes and Knowledge Towards Intellectual Disability*

1. **Do you think that most students with intellectual disabilities who participate in Unified Sports activities/Inclusive Youth Leadership activities/Whole School Engagement activities are capable of doing the following things?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Definitely Yes** | **Probably Yes** | **Neutral** | **Probably****No** | **Definitely No** |
| Learning academic subjects in a class with other students  |  |  |  |  |  |
| Making new friends  |  |  |  |  |  |
| Doing physical activities like running, riding a bike, skateboarding, or skiing  |  |  |  |  |  |
| Playing on a sports team with other players with intellectual disabilities |  |  |  |  |  |
| Playing on a sports team with other players without intellectual disabilities  |  |  |  |  |  |
| Understanding the rules of a competitive sports game  |  |  |  |  |  |

*(Adapted from Source: UMASS Boston Liaison Survey)*

##### *Health Outcomes*

1. **The following questions are about specific changes that you might have seen in students while participating in Unified Sports activities/Inclusive Youth Leadership activities/Whole School Engagement activities. Please indicate whether you have observed the following changes in your students.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Since participating in Unified Schools activities…** | **Yes** | **No** | **I don’t know** |
| They seem to do more activities in their community |  |  |  |
| They seem healthier |  |  |  |
| Their sports skills have improved |  |  |  |
| They joined another sports team outside of Unified Sports (or plan to in the future) |  |  |  |
| They seem to exercise more every week |  |  |  |

#### (Adapted from Source: Special Olympics Unified Champion Schools Evaluation Guide: A Resource for US State Programs)

##### *Post-School Outcomes*

1. **Upon graduating from high school, do you see students who have participated in the** **Unified Sports activities/Inclusive Youth Leadership activities/Whole School Engagement activities want/able to attend post-secondary education?**
[ ] Yes
[ ] No
[ ] Not applicable

*(Adapted from Source: UMASS Boston High School Experience Survey)*

1. **Upon graduating from high school, do you see students who have participated in the Unified Sports activities/Inclusive Youth Leadership activities/Whole School Engagement activities want/able to enter employment?**
[ ] Yes, they’d want full time employment
[ ] Yes, they’d want part time employment
[ ] No, they wouldn’t want any kind of employment
[ ] I don’t know
[ ] Not applicable

*(Adapted from Source: UMASS Boston High School Experience Survey)*