## Student Survey Protocol

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your school is part of the Special Olympics Unified Schools programs which can include **Unified Sports** programs, **Inclusive Youth Leadership** programs and **Whole School Engagement** activities. The survey questions below will get information about the Special Olympics programs you are involved in, and ask you about their specific activities such as those activities involved in Unified Sports, Inclusive Youth Leadership and Whole School Engagement. When thinking about these activities, you will want to consider your experience and interactions with students who are in the Special Olympics programs.

A description of each of the programs is below.

**Unified Sports** brings together individuals with and without intellectual disabilities through shared sports training and competition experiences.

**Inclusive Youth Leadership** programs are opportunities for youth with and without intellectual disabilities to become agents of change within their school, community, and state. Inclusive Youth Leadership development is when young people of all abilities are given opportunities to be leaders in their schools and communities.

**Whole School Engagement** opportunities are awareness and educational activities that promote social inclusion and reach the majority of students and school staff members. Whole School Engagement activities positively impact school climate by including all students, teachers, staff, administrators.

### Student Background Information

1. **What is your gender? (Select one)**[ ] Male  
   [ ] Female  
   [ ] Don’t understand question
2. **What is your age? (Select one)**

[ ] Under 12  
[ ] 12-18  
[ ] 19-25  
[ ] Don’t understand question

### Student Participation and Experiences in Special Olympics

1. **Are any of the following barriers to your participation in Special Olympics activities? By barriers, we mean things that prevent you from registering for or participating in activities.**  
   [ ] Lack of transportation to activities  
   [ ] Lack of time for practices  
   [ ] Inconvenient location of activities  
   [ ] Lack of knowledge of how to get involved in Special Olympics activities  
   [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

#### **Unified Sports**

1. **Do you participate in Unified Sports?**[ ] Yes  
   [ ] No

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

1. **Which of the following best describes your role in Special Olympics Unified Sports? (Select one)**[ ] Unified Sports athlete  
   [ ] Unified Sports partner  
   [ ] Don't understand question

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

1. **How many years have you participated in Special Olympics Unified Sports? (Select one)**[ ] Less than 1 year  
   [ ] 1-2 years  
   [ ] 3-4 years  
   [ ] 5+ years  
   [ ] I don’t know  
   [ ] Don’t understand question

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

1. **What Unified Sports events did you participate in this school year?**

|  |
| --- |
|  |

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

1. **Think about this school year, what Unified Sports activities did you participate in?**

[ ] Unified Sports team competing against other schools  
[ ] Unified Sports team that competes against other students in my school

[ ] Unified Sports Day [ ] Unified Sports in Physical Education class

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

**Think about this school year, what Unified Sports did you participate in?**[ ] Athletics (Track and Field, Long jump, Shot put, etc.)  
[ ] Soccer [ ] Basketball [ ] Volleyball [ ] Floorball[ ] Bowling  
[ ] Bocce  
[ ] Floor Hockey[ ] Softball   
[ ] Netball  
[ ] Cricket  
[ ] Badminton  
[ ] Cheerleading[ ] Other sport\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

#### **Inclusive Youth Leadership** **and Whole School Engagement**

1. **Did you participate in Inclusive Youth Leadership activities (such as Youth Activation Committee [YAC], or Special Olympics Student Club, or other inclusive student group/society)**[ ] Yes  
   [ ] No

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

1. **Which Inclusive Youth Leadership activities did you participate in?**

|  |
| --- |
|  |

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

1. **Did you participate in Whole School Engagement activities (such as a Disability Day celebration, awareness campaign,** **or other engagement activities)?**[ ] Yes  
   [ ] No

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

1. **Which Whole School Engagement activity did you participate in?**

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

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

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

1. **During this school year, in what ways were you involved in this engagement activity *(how did you participate)*?**[ ] Attended an assembly/rally  
   [ ] Signed a pledge/banner to wore a t-shirt, bracelet, button in support  
   [ ] Made signs, posters, or videos advertising the event/cause  
   [ ] Asked other students to sign a pledge or passed out t-shirts, bracelets, or buttons  
   [ ] Spoke at an assembly/rally  
   [ ] Something else \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

### Student Engagement in Special Olympics

1. **Think about the students with intellectual disabilities that you participate with in Unified Sports/Inclusive Youth Leadership/Whole School Engagement activities. Please mark whether or not you have done the following activities with this friend, or if you would do them in the future.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **Not yet, but would do in the future** | **No** | **Don’t understand question** |
| Hang out with him/her outside of the programs |  |  |  |  |
| Lend him/her something that belongs to you |  |  |  |  |
| Share a secret with him/her |  |  |  |  |
| Have him/her over to your house |  |  |  |  |
| Stand up for him/her if others are mean |  |  |  |  |
| Eat a meal with him/her outside of the programs |  |  |  |  |
| Call him/her on the telephone |  |  |  |  |
| Text/SMS him/her |  |  |  |  |
| Introduce him/her to your other friends |  |  |  |  |
| Choose him/her as a partner in a game |  |  |  |  |
| Friend him/her on Facebook/Twitter/Instagram/Snapchat |  |  |  |  |
| Go together to a sports match, movie, or other activity in the community. |  |  |  |  |

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

#### **Unified Sports**

1. **Why did you decide to sign up for Unified Sports? (Select yes or no for each option)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t understand question** |
| To try a new sport |  |  |  |
| To improve my health and fitness |  |  |  |
| To improve my social skills |  |  |  |
| To improve my sports skills |  |  |  |
| To make new friends |  |  |  |
| To do community service/charity work |  |  |  |
| Because my friends were playing |  |  |  |
| Because someone else signed me up |  |  |  |
| Other (please describe): |  |  |  |

*(Source: Project UNIFY Year 6 Final Evaluation Report 2013 – 2014)*

#### **Inclusive Youth Leadership**

1. **Have you taken on a leadership role for any Special Olympics sports teams, clubs, organizations that you are a part of?**  
   [ ] Yes  
   [ ] No  
   [ ] Not applicable

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

1. **If yes, what is your role? (*E.g. what is your title and what do you do on a daily basis?)***

|  |
| --- |
|  |

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

1. **Do you feel comfortable in your leadership role?**   
   [ ] Yes  
   [ ] No  
   [ ] Not applicable

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

### Perceived Effects of the Special Olympics Programs on School

#### **Attitudes and Knowledge Towards Students with Intellectual Disabilities**

1. **Before joining any of the Unified Schools activities, had you met and talked with people who have intellectual disabilities?**[ ] Yes  
   [ ] No  
   [ ] Don't understand question

(Sources: Promoting Social Inclusion in High Schools Using a Schoolwide Approach)

1. **Think about the Unified Schools activities that you are part of and how you would feel when interacting with students with intellectual disabilities in that activity. How true is each of these statements for you?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not true** | **A little true** | **A lot true** | **Very true** | **Don’t understand question** |
| I feel comfortable carrying on a conversation with students with intellectual disabilities |  |  |  |  |  |
| I don’t know how to act around students with intellectual disabilities |  |  |  |  |  |
| If a student with intellectual disability asked me for my phone number, I would give it to him or her |  |  |  |  |  |
| If a student with an intellectual disability started to talk to me, I wouldn’t know how to respond |  |  |  |  |  |
| I would feel uncomfortable introducing a student with a disability to my friends without disabilities |  |  |  |  |  |
| I would feel uncomfortable spending time one-on-one with a student with an intellectual disability |  |  |  |  |  |

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

1. **Mark Yes or No for each option below. If you don’t understand what a particular question is asking, select Don’t understand question.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t understand question** |
| I am a sibling of a person with an intellectual disability |  |  |  |
| I have another family member (not sibling or child) with an intellectual disability |  |  |  |
| I have a family member with an intellectual disability in my Special Olympics program |  |  |  |
| I work with people with intellectual disabilities |  |  |  |
| I volunteered with Special Olympics in the past |  |  |  |
| I had friends with intellectual disabilities before joining a Special Olympics program |  |  |  |
| I went/go to school with people with intellectual disabilities |  |  |  |
| I had other contacts with people with intellectual disabilities before joining a Special Olympics program (please describe): |  |  |  |

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

#### **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 Schools activities has 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** |
| Reducing bullying, teasing or use of offensive language in the program |  |  |  |  |  |
| Increasing the sense of community (a feeling of belonging) in the school |  |  |  |  |  |
| Helping different student groups get along better within the school |  |  |  |  |  |

*(Source: UMASS Boston Liaison Survey)*

#### **Academic Climate**

1. **Do you think being part of Unified Schools activities has contributed to your academic performance in school** ***(how well you’re doing at school)*?**  
   [ ] I am doing **better** academically  
   [ ] I am doing **worse** academically  
   [ ] No, it hasn’t changed the way I perform  
   [ ] I don’t know

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

### Perceived Effects of Unified Schools Activities on Students

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

1. **Has your interactions with student with intellectual disabilities changed as a result of participating in Unified Sports/Inclusive Youth Leadership/Whole School Engagement activities?**[ ] Yes, it’s been more positive  
   [ ] Yes, it’s changed a little  
   [ ] It’s been the same  
   [ ] It’s been more negative  
   [ ] I don’t know

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

1. **Has your behavior changed towards students with intellectual disabilities as a result of participating in Unified Sports /Inclusive Youth Leadership/Whole School Engagement activities?**[ ] Yes   
   [ ] No  
   [ ] I don’t know

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

#### **Health Outcomes**

1. **Please indicate whether you have done the following things as a result of participating in Unified Schools activities.**

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

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

#### **Social Emotional Outcomes**

1. **Think about the Special Olympics activities that you are part of and different things that make have happened during those activities. How true is each of these statements for you?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Because of Special Olympics activities I….** | **1 – Not at all** | **2 – A little** | **3 – Neutral** | **4 – Quite a bit** | **5 – Yes definitely** |
| Thought about what my strengths are |  |  |  |  |  |
| Recognize the different strengths of others |  |  |  |  |  |
| Learned from people who are different from me |  |  |  |  |  |
| Can tell when someone needs help |  |  |  |  |  |
| Learned how to be patient with others |  |  |  |  |  |
| Understand how my emotions and actions affect others |  |  |  |  |  |
| Feel like I can make my school a better place |  |  |  |  |  |
| Set goals for myself |  |  |  |  |  |

#### (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 want to want to attend** **university?**   
   [ ] Yes  
   [ ] No  
   [ ] I don’t know  
   [ ] Don't understand question

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

1. **Upon graduating from high school, do you want to work?**  
   [ ] I’d want full time employment  
   [ ] I’d want part time employment  
   [ ] No, I don’t want any kind of employment  
   [ ] I don’t know  
   [ ] Don't understand question

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