## Parent Survey Protocol

### Background

1. **What is your gender?**   
   [ ] Male   
   [ ] Female  
   [ ] Do not wish to indicate
2. **Have you been involved in Unified Sports/Youth Leadership/Whole School Engagement activities before either as a coach, volunteer, and/or family member of an athlete?**  
   [ ] Yes  
   [ ] No

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

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

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

1. **How long have you been involved with Unified Schools activities?**\_\_\_\_\_\_\_ YEARS

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

### Participation Activities

1. **Are you aware of a Unified Schools program being adopted in your child’s school?**  
   [ ] Yes  
   [ ] No  
   [ ] Not applicable

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

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

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

1. **Please indicate your child’s involvement in the following Unified Schools activities (by checking the “yes”, “no” to indicate your child’s participation, and provide the number of times your child participated in each activity. Provide a response of “not applicable” if the event was not offered at your child’s school at all):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **During this school year…** | **Yes** | **No** | **# of times student participated** | **Not applicable** |
| My child belonged to a club, student group, or society where students came together for games, community service or school events. *(Such as a Youth Activation Committee, Special Olympics Club or Student Society)* |  |  |  |  |
| My child participated in a day-long sports fair or field day. |  |  |  |  |
| My child supported and cheered for athletes and Unified Sports teams at sporting events or assemblies. *(Most schools call this Fans in the Stands or Unified Sports Pep Rally.)* |  |  |  |  |

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

#### **Frequency of events**

1. **How often does *your child* attend Unified Sports/Youth Leadership/Whole School Engagement activities?**  
   [ ] Very often  
   [ ] Often  
   [ ] Not very often  
   [ ] Not at all  
   [ ] I don’t know

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

1. **How often do *you* attend** **Unified Sports/Youth Leadership/Whole School Engagement activities?**[ ] Every time my child participates  
   [ ] I try to attend **most** events in which my child participates  
   [ ] I try to attend **some** events in which my child participates  
   [ ] I do not attend events   
   [ ] I don’t know

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

1. **Please explain why do not you attend Unified Sports/Youth Leadership/Whole School Engagement activities? Select all that apply.**[ ] Lack of time  
   [ ] Lack of interest  
   [ ] Lack of transportation  
   [ ] I’m not allowed to attend  
   [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

#### **Experiences with events**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **So that my child can…** | **Yes** | **No** | **Don’t understand question** |
| Try a new sport |  |  |  |
| Improve his/her health and fitness |  |  |  |
| Improve his/her sports skills |  |  |  |
| Improve his/her social skills |  |  |  |
| Make new friends |  |  |  |
| Do community service/charity work |  |  |  |
| Other (please describe): |  |  |  |

*(Adapted from Source: UMASS School Experience and Attitude Survey)*

1. **From a scale of 1 to 5 with 1 being no difference and 5 being a big difference, please mark whether or not the Unified Sports/Youth Leadership/Whole School Engagement activities have made a difference in your child’s interactions with others who are part of the Unified Sports or Inclusive Youth Leadership program.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **My child has** | **1 – No difference** | **2 – Very little difference** | **3 – Neutral** | **4 – Moderate difference** | **5 – Big difference** | **Don’t Know** |
| spent time with teammates from Special Olympics outside of school |  |  |  |  |  |  |
| Have a friend with an intellectual disability over to your house |  |  |  |  |  |  |
| Stand up for people with an intellectual disability if others are mean |  |  |  |  |  |  |
| Eat a meal with people from either program outside of the program |  |  |  |  |  |  |
| Call someone with an intellectual disability on the telephone |  |  |  |  |  |  |
| Text/SMS a friend with intellectual disability |  |  |  |  |  |  |
| Introduce people with an intellectual disability to their other friends |  |  |  |  |  |  |
| Choose people from either program as a partner in a game |  |  |  |  |  |  |
| Friend people from either program on social media (Facebook/Twitter/Instagram/Snapchat) |  |  |  |  |  |  |
| Go together with someone with intellectual disability 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)*

### Outcomes/Impacts

#### **Perceived Effects on Schools**

##### *Academic Climate*

1. **Do you think being part of Unified Schools programs (which includes Unified Sports and Inclusive Youth Leadership) has contributed to your child’s academic performance?**  
   [ ] Yes, my child is performing better  
   [ ] Yes, but my child is performing worse  
   [ ] No, it hasn’t changed the way my child performs  
   [ ] I don’t know

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

#### **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 participating in Unified Schools activities has made to your child 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: Special Olympics Unified Champion Schools Evaluation Guide: A Resource for US State Programs)

1. **How would you rate your child’s engagement in Unified Schools activities?**[ ] Very engaged   
   [ ] A little more engaged than other activities at his/her school   
   [ ] About the same level of engagement compared to other activities at the school   
   [ ] Unengaged  
   [ ] Very unengaged

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

1. **Compared to other activities in the school, how would you rate the visibility of Unified Schools activities at your child’s 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)*

##### *Health Outcomes*

1. **The following questions are about specific changes that you might have seen in your child while he/she was participating in Unified Schools activities. Please indicate whether you have observed the following changes in your child.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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, will your child want/be able to attend post-secondary education?**   
   [ ] Yes  
   [ ] No  
   [ ] Not applicable

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

1. **Will it be as a result of having participated in the** **Unified Schools activities?**   
   [ ] Yes  
   [ ] No  
   [ ] Not applicable

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