INCLUSIVE FITNESS THROUGH EXTERNAL PARTNER: SURVEY TOOL FOR EXTERNAL PARTNERS

1. Organization name_____

2. Submitted by_____

3. SO Program

4. Please describe the inclusive fitness programming you implemented through your organization.

5. How many people with intellectual disabilities (ID) did you involve in this programming?

    ☐ If #5 is answered, how did you count or estimate this number?

6. Did you hold any trainings on how to provide inclusive fitness programming for people with ID? *Some examples of principles and strategies this training should cover include making spaces more welcoming, accessible communication, sustainable and intentional inclusion, and awareness and training.*

    ☐ If yes, how many trainings did you hold?

    ☐ If yes, how many people did you train?

7. How has including people with ID in fitness programming impacted your organization?

8. Were there any obstacles you faced in including people with ID in fitness programming?

9. Is there anything else you would like us to know about your inclusive fitness programming?