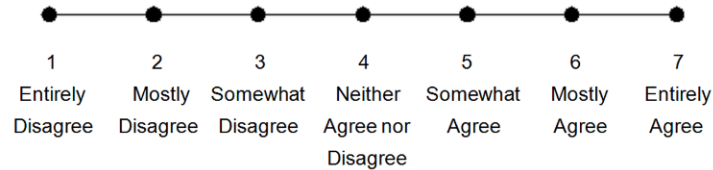


INCLUSIVE TRAINING FOR FITNESS PROFESSIONALS: SURVEY TOOL FOR FITNESS PROFESSIONALS

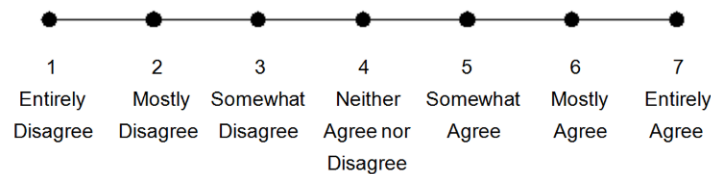
1. SO Program _____
2. Date of completion _____
3. Please indicate how much you agree with the following statements. Please place the number on the line corresponding to your thoughts below (1 = entirely disagree; 7 = entirely agree).



- ___ I am confident in my ability to work with people with intellectual disabilities.
- ___ My professional degree or certification adequately prepared me to work with people with intellectual disabilities.
- ___ People with ID have fewer health problems compared to the general population.
- ___ I am confident in my ability to match my communication style to the literacy level of different patients.
- ___ I can appropriately design a fitness program (session, class, etc.) for people with ID
- ___ I am confident I could provide the same level of service for people with intellectual disabilities as my other clients.
- ___ I would be willing to support fitness programming for Special Olympics athletes.
4. Which option(s) best describes your profession? (Please select all that apply).
 - ☐ Personal Trainer
 - ☐ Group Exercise Teacher
 - ☐ Strength and Conditioning Coach
 - ☐ Yoga Teacher
 - ☐ Health Coach
 - ☐ Professor in Exercise-related fields
 - ☐ Student in Exercise-related fields
 - ☐ Other: _____
 5. How long have you been practicing this profession?
[Sliding scale 0-50 years]
 6. In which setting do you spend most of your time providing your services?
 - ☐ Exercise Studio

- ☐ Community recreation center or non-profit fitness facility (i.e. YMCA)
- ☐ Privately-owned Gym or Fitness Center
- ☐ School
- ☐ Other: _____

7. Please estimate the number of fitness professionals in your place of work.
[Sliding scale 0-1,000]
8. Please estimate the number of days you work per week as a fitness professional.
[Sliding scale 0-168]
9. On a typical day, please estimate the number of people for whom you provide services.
[Sliding scale 0-50]
10. In your estimation, what percentage of the people you provide services for have an intellectual disability (ID).
[Sliding scale 0-100%]
11. Please indicate how likely you are to do the activities below after your training. Please place the number on the line corresponding to your thoughts below (1 = entirely disagree; 7 = entirely agree).



- a) I will provide my services for people with intellectual disabilities (ID) within my place of work.
- b) I will start a fitness program for people with ID.
- c) I will actively recruit more people with ID to join others that participate in my services.
- d) I will lead Special Olympics sponsored fitness programming.
- e) I will share this information with my colleagues to help them provide quality health for people with ID.
- f) I will make reasonable adjustments to my own practice to be more inclusive of people with ID.