Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team/delegation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What sport(s) does your athlete play?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We’d like to ask you about your experience with the Performance Stations at (*insert name of event or competition here for reference)*. We are also interested in your perceptions of your athlete’s experience and your thoughts on how to improve the Performance Stations. Thank you for your willingness to complete this survey,

Please check which stations you visited:

[ ]  Competition Readiness

[ ]  Nutrition

[ ]  Hydration

[ ]  Physical Activity

[ ]  Pledge Wall

[ ]  Local Opportunities

**Please indicate your response to the questions below using the agreement scale on the right side of the page. Check the box that best applies.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **To what extent do you agree with the following statements?** | Strongly agree1 | Somewhat agree2 | Somewhat disagree3 | Strongly agree4 |
| My athlete learned useful information that can improve their sport performance. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| My athlete learned useful information that can improve their health. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| My athlete showed a new interest and/or motivation to improve fitness  |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| The information and activities at each station were at an appropriate level for my athletes. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| The volunteers at each station were knowledgeable and engaging. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| My athlete enjoyed the experience. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| I learned useful information that I can use to improve my own health.  |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| I learned useful information that will help me to support my athlete to improve their fitness. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| I would recommend the Performance Stations to other athletes and family members. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| My athlete will likely work towards the goal they set at the pledge wall. **If you disagree, please explain why:**  |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| My athlete will likely participate in at least one of the local opportunities. **If you disagree, please explain why:** |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| I will likely participate at least one of the local opportunities.**If you disagree, please explain why:** |  [ ]   |  [ ]   |  [ ]   |  [ ]   |

Are you and/or your athlete already participating in fitness programming (for example Special Olympics fitness programs, group exercise classes)?

[ ] Yes

[ ] No

Before you visited the Performance Stations did your athlete already have a fitness goal?

[ ] Yes

[ ] No

**Please provide any additional comments about your experience at the**

**Performance Stations:**

**What resources, materials, or opportunities could Special Olympics provide**

**that would encourage fitness for your athlete and family?**