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

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

**We’d like to ask you about your experience with the Performance Stations held at the (***insert name of event or competition here for reference***)**.

Type of volunteer (check one):

[ ]  Fitness Professional

[ ]  Student

[ ]  Health Messenger/Athlete Leader

[ ]  Other

Station (check all that applies):

[ ]  Competition Readiness

[ ]  Nutrition

[ ]  Hydration

[ ]  Physical Activity

[ ]  Pledge Wall

[ ]  Local Opportunities

**Please indicate your response to the questions below using the scale on the right side of the page:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **To what extent do you agree with the following statements?** | Strongly agree1 | Somewhat agree2 | Somewhat disagree3 | Strongly agree4 |
| I was given the appropriate type and amount of training to effectively conduct my station. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| The station was well organized and had sufficient supplies/resources to run effectively. |  [ ]  |  [ ]  |  [ ]  |  [ ]  |
| I enjoyed my experience as a volunteer. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| I will volunteer for future opportunities with Special Olympics. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| The participants seemed engaged in my station. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| There were enough volunteers at my station to run it well. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| The information and activities at my station were at the appropriate level for the athletes. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| The participants and volunteers enjoyed the Performance Stations. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |

**Please provide any additional comments about your experience at the Performance Stations:**

**Please suggest three ways in which we could improve the Performance Stations:**

**FITNESS PROFESSIONALS AND STUDENTS ONLY:**

**Please indicate your response to the questions below using the scale on the right side of the page.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **To what extent do you agree with the following statements?** | Strongly agree1 | Somewhat agree2 | Somewhat disagree3 | Strongly agree4 |
| People with intellectual disabilities can set and achieve fitness goals. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| People with intellectual disabilities can make healthy choices. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| People with intellectual disabilities can be competitive and fit athletes. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| I have a better understanding of the abilities of people with intellectual disabilities because of my volunteer experience with Special Olympics. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| I feel more comfortable working with people with intellectual disabilities because of my volunteer experience with Special Olympics. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| I will look for ways to include people with intellectual disabilities within my professional activities. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |
| I will work with Special Olympics to promote participation by athletes the opportunities I provide. |  [ ]   |  [ ]   |  [ ]   |  [ ]   |