

Michaels Jewelers / Unified Sports™ Cup – Middle School

2006-2007 School Year Questionnaire

Return by 11/30/07 (see reverse)

PARTICIPATION 210		Official Use
1-00	What is the school's current total number of special education students eligible to participate in Unified Sports™ under Unified criteria? _____	1 = 0 - 33% 2 = 34 - 66% 3 = 67 - 100%
2-40	How many of the eligible <u>special education students</u> participated in a Unified Sports™ program this year? # _____ As a % _____ of #1 above.	3
3-30	How many regular education students participated as <u>partners</u> in Unified Sports™ this year _____ as a % _____ of 2-40 above. 1 = 0-49; 2 = 50-99; 3 = 100-199; 4 = 200-299; 5 = 300+	5
4-30	Did your school participate in Unified Sports™ _____ Soccer _____ Basketball _____ Volleyball _____ Track this past year?	1 2 3 1 3 6 6
5-20	Has your Unified Sports™ program <u>expanded</u> in the past year? ___ Yes ___ No. If so, how? _____ Added student participation. _____ Increase in games played. _____ Increase in sports played. _____ Increased public exposure. If yes, how? _____ _____ _____ Other, explain: _____ _____ _____	1 1 1 1 1 1 6
6-20	In the past year, how many times did each of your teams <u>participate in games or scrimmages</u> ? Soccer-Home _____/Away _____ Basketball-Home _____/Away _____ Volleyball-Home _____/Away _____ Track-Home _____/Away _____	1 = 1 - 4 2 = 5 - 9 3 = 10+ 3
7-20	How many teams participate in CIAC sponsored Unified <u>tournaments</u> ? _____ Soccer _____ Volleyball _____ Basketball _____ Track	1 = 1 - 3 2 = 4 - 5 3 = 6 - 9 3
8-30	Does your school have awards programs for athletic teams? ___ Yes ___ No a. Are Unified Sports™ teams included in all such programs? ___ Yes ___ No If yes, how? _____ _____ b. Are Unified Sports™ athletes and partners eligible to receive the same awards that other athletes may be entitled to? ___ Yes ___ No. If yes, how? _____ _____ c. If your school sponsors pep rallies or athletic oriented assemblies, are Unified teams specifically included? ___ Yes ___ No. If yes, how? _____ _____ _____	 1 1 1 3
9-20	Do your <u>partners participate</u> in the following? _____ Leadership Training _____ Pep Rallies _____ Captains' Lunches _____ Sports Awards Programs If not, explain: _____ _____ a. Do Unified <u>special athletes participate</u> in the following? _____ Leadership Training _____ Pep Rallies _____ Captains' Lunches _____ Sports Awards Programs If not, explain: _____ _____ _____	1 1 1 1 1 1 1 1 8

COMMITMENT 210		Official Use
10-30	a. # of coaches (not aides) involved in Unified program? _____ Salaried _____ Volunteers b. # of positions paid from <u>athletic budget</u> ? # _____, % _____ (of (a.) above) c. # of positions paid from <u>special education budget</u> ? # _____, % _____ (of (a.) above) d. # of positions paid from <u>other sources</u> ? # _____, % _____ (of (a.) above)	3 2 1 3
11-20	Who is the primary person responsible for athletics in your school? ___ Athletic Director ___ Principal ___ Facility Manager. What is the title of the person who coordinates Unified Sports™ ? _____. Is the coordinator paid? ___ Yes ___ No. Is there an outside agency acting as coordinator? ___ Yes ___ No.	3 2 1 3
12-30	a. # of paid & volunteer coaches (P.V.C.'s) certified by state standards ?* # _____, % _____ (of (9-30 a.) above) b. # of P.V.C.'s certified by <u>Special Olympics</u> training?* # _____, % _____ (of (9-30a.) above) c. # of P.V.C.'s who received <u>Unified Sports™</u> training.* # _____, % _____ (of (9-30a.) above) * = Each coach should be included in each area where certified. Dual counting is okay.	% x 3 = % x 2 = % x 1 = 6
13-10	Are your Unified Sports™ forms fully completed and submitted on time ? ___ Always, ___ Usually, _____ Sometimes { To be completed by CIAC }	1 2 3 3
14-10	Are Unified participants required to meet all standards which other athletes adhere to? ___ Yes ___ No Sportsmanship ___ Yes ___ No Medical ___ Yes ___ No Substance Abuse	1 1 1 3
15-10	Approximately, how many practices does each Unified Sport <u>average a week</u> ? Soccer _____0 _____1 _____2 _____3 _____4 _____5 _____6 Basketball _____0 _____1 _____2 _____3 _____4 _____5 _____6 Volleyball _____0 _____1 _____2 _____3 _____4 _____5 _____6 Track _____0 _____1 _____2 _____3 _____4 _____5 _____6	1 = 0 - 2 2 = 3 - 4 3 = 5+ 3

OVER

16-10		
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17-10	What percentage of time are practices held in <u>your main</u> gym? _____%	1= 0-33; 2= 34-67; 3= 68+ 3
18-10	Approximately what percent of your Unified team practices are _____ During school, _____ After school, _____ Weekends	2 3 1 3
19-20	Is the Unified Sports™ program a separate line item in your budget for? _____ Special Education _____ Athletics _____ Other: _____	2 3 1 3
20-30	Which Unified teams have conducted a demonstration at a non-unified venue? ____ Soccer _____ Basketball _____ Volleyball _____ Track	1 1 1 3
21-15	What % of your Unified Sports™ program receive funding for uniforms, equipment, transportation from the: _____% Athletic Department _____ % Special Education _____ % Other _____	% x 3 % x 2 % x 1 3
22-15	Does your budgeting allot funds for: ____ Uniforms, ____ Equipment, ____ Transportation, ____ Supplies.	3 3 2 1 9

OUTREACH 70

23-20	Does your program <u>encourage</u> your Special Education students to be involved in Special Olympics opportunities? ____ Yes ____ No. If yes, how? _____ _____ _____	2 2
24-20	Does your program <u>encourage</u> your special athletes to participate in <u>other</u> organized recreational activities outside of school? ____ Yes ____ No. If yes, how? _____ _____ _____	2 2
25-20	Has your Unified Sports™ <u>program</u> received any regional, state or national awards? ____ Yes ____ No. Describe: _____ _____ _____ Have any individual <u>special athletes</u> or partners received regional, state or national awards? ____ Yes ____ No. Describe: _____ _____ _____ Have any <u>coaches/volunteers</u> received regional, state or national <u>awards</u> ? ____ Yes ____ No Describe: _____ _____ _____	1 1 1 3
26-10	What has been your public relations plan for your Unified Sports™ program? ____ Promote written articles on team or individuals, ____ Publicize game scores, ____ Closed circuit TV, ____ Other Describe: _____ _____ _____	1 1 1 1 4

Signature of Principal (**Please Print**)

Date

(Area) Telephone

Signature of Unified Sports Coordinator (**Please Print**)

Date

(Area) Telephone

School (**Please Print**)

City/Town

RETURN NO LATER THAN 11-30-07 to:
Ann Malafronte, Director of Unified Sports
CIAC/Unified Sports
30 Realty Drive
Cheshire, CT 06410

Unless you object, we shall be sharing your score sheet with the CIAC Unified Sports™ and Connecticut Special Olympics staffs. Check here ____ if you do not want us to share this application.