

# Michaels Jewelers / Unified Sports™ Cup – Middle School

## 2009-2010 School Year Questionnaire

*Return by 12/04/09 (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%
2-40	How many of the eligible <u>special education students</u> participated in a Unified Sports™ program this year? # _____ As a % _____ of #1 above.	2 = 34 - 66%
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+	3 = 67 - 100% 3
4-30	Did your school participate in Unified Sports™ _____ Soccer _____ Basketball _____ Volleyball _____ Track this past year?	5
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 <b>partners participate</b> in the following? _____ Leadership Training _____ Pep Rallies _____ Captains' Lunches _____ Sports Awards Programs If not, explain: _____ _____ a. Do Unified <b>special athletes participate</b> 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**

10-30	a. # of <b>coaches</b> (not aides) involved in Unified program? _____ Salaried _____ Volunteers	
	b. # of positions paid from <u>athletic budget</u> ? # _____, % _____ (of (a.) above)	3
	c. # of positions paid from <u>special education budget</u> ? # _____, % _____ (of (a.) above)	2
	d. # of positions paid from <u>other sources</u> ? # _____, % _____ (of (a.) above)	1 3

11-20	Who is the primary person responsible for <b>athletics</b> in your school? ___ Athletic Director ___ Principal ___ Facility Manager. What is the title of the person who coordinates <b>Unified Sports™</b> ? _____. 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) <b>certified</b> by <u>state standards</u> ?* # _____, % _____ (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 <b>on time</b> ? ___ Always, ___ Usually, ___ Sometimes <b>{ To be completed by CIAC }</b>	1 2 3	3
14-10	Are Unified participants required to meet <b>all</b> standards which other athletes adhere to? ___ Yes ___ No <b>Sportsmanship</b> ___ Yes ___ No <b>Medical</b> ___ Yes ___ No <b>Substance Abuse</b>	1 1 1	3
15-10	Approximately, how many <b>practices</b> 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			
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	<p>Has your Unified Sports™ <u>program</u> received any regional, state or national awards? ___Yes ___No. Describe: _____ _____ _____</p> <p>Have any individual <u>special athletes</u> or partners received regional, state or national awards? ___Yes ___No. Describe: _____ _____ _____</p> <p>Have any <u>coaches/volunteers</u> received regional, state or national <u>awards</u>? ___Yes ___No Describe: _____ _____ _____</p>	<p>1</p> <p>1</p> <p>1</p> <p>3</p>
26-10	<p>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: _____ _____ _____</p>	<p>1 1 1 1</p> <p>4</p>

\_\_\_\_\_  
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 12-04-09 to:**  
Lou Pear, 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.