

*FINAL DRAFT*

Evaluation of Young Athletes Program  
2006

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This report is dedicated to the families  
and children in Young Athletes.

If you have an opportunity to see a Young Athletes program, I urge you to watch and listen carefully. Young Athletes is a collective cheer heard around the world – a cheer that holds out hope for parents that their child is capable – a cheer that falls on the ears of children who celebrate each other’s efforts and successes.

I listened one day as a parent spoke so eloquently about what the program meant to her family. It was one of the first times she heard cheers for her child. “It was the first time I realized that every child needs to be cheered on, that every child has potential. It was the first time my husband realized we had a child with a disability and at the same time, realized how much our child was capable of...”

I can only add to her heartfelt message – listen. You will hear the cheer for and from parents, who for the first time in our history do not have to wait to celebrate their child.

## **Acknowledgments**

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## **I. PROGRAM DESCRIPTION**

Young Athletes is an innovative sports/play program designed to introduce children with intellectual disabilities to the world of sports at an early age. Young Athletes came about at the request of parents who wanted a program for younger children with intellectual disabilities, prior to the start of their eligibility for Special Olympics. The program was created in consultation with the University of Medicine and Dentistry of New Jersey, to promote the motor, social, and cognitive development in children ages 2 ½ to 7 through physical activity and play, with an emphasis on sports skill development. In addition, Young Athletes was developed to serve as an introduction for new families to Special Olympics and to encourage and support parents and families.

The Young Athletes program has several features including an Activity Guide (which includes a DVD training video and a Skill Progression Checklist) and a Kit of Equipment to assist parents/siblings, paraprofessionals, teachers, and volunteers in conducting activities in a preschool/school environment, play group, or one-on-one setting. The Activity Guide provides activities and games for children in eight different areas designed to develop the fundamental prerequisite skills to prepare athletes for future participation in sports: foundational skills, walking and jumping, balance and jumping, trapping and catching, throwing, striking, and kicking.

In partnership with Special Olympics and in collaboration with the Center for Survey Research, the Special Olympics Global Collaborating Center at University of Massachusetts Boston conducted a formative evaluation and preliminary summative evaluation of the Young Athletes programs in 2005-06 while it was being piloted around the world. This document provides a summary of the results from this evaluation.

## **II. METHODOLOGY**

### **A. Description of Population and Sample**

Young Athletes was piloted in 2005-06 in eleven countries, including the United States, Israel, Romania, Azerbaijan, El Salvador, Chile, Venezuela, Panama, Paraguay, Ireland, and Egypt. In the United States, programs were piloted in Texas, New York, New Jersey, Illinois, Iowa, North Carolina, Wisconsin, Delaware, and California.

To select the sample for this evaluation, we employed two criteria. First, programs were selected to represent diverse or different regions of the United States and different regions of the world. Second, programs were selected that had familiarity with, and a history of collaboration between, the Special Olympics (SO) office and the Young Athletes state coordinators. In addition, we decided to focus the evaluation on U.S. programs because they started before many of the programs taking place internationally. Within the U.S., we evaluated six of the nine states: Texas, Illinois, Iowa, North Carolina, New Jersey, and New York. The countries outside the U.S. included Israel, Romania, Azerbaijan, El Salvador, Chile, Venezuela, Panama, and Paraguay. [Note: The Latin American region is over-represented when compared to other regions. This over-representation reflects our decision to honor the request from Latin American SO staff to have all of their countries represented in the evaluation process.] This report reflects the evaluation data from the United States, Romania, Israel, Latin America (Chile, Venezuela, Panama, and Paraguay), and Azerbaijan.

### **B. Evaluation Instruments**

Several instruments were developed to gather information about the Young Athletes programs, including a Program Intake Form, Young Athletes Registration Form, the Young Athletes Survey, and a structured parent interview guide. Information was collected to describe and document the variability in implementation across the different sites, as well as to describe and document the viability and perceived benefits of Young Athletes in the U.S. and around the world. In addition, information was collected through a review of all materials, site observations, and interviews with teachers and Young Athletes coordinators. A brief description of each instrument is provided below.

The *Young Athletes Registration Form* was developed in collaboration with SO staff, using the current SO Registration Form as a model for its development. The purpose of the registration form was to document participant demographics and contact information. (See Appendix A for the registration form – Pg. 68.) The types of information gathered from the registration form included Child Demographics (Birth date, Gender, Disability (optional)); Family Composition (Size of household, Number of siblings in house); Participation in other SO programs (Family's prior involvement in SO, Type of prior SO involvement); Participation in other community programs (Preschool or school attendance, Attendance in other community programs, Services received in other programs); Contact Information (Address, Phone/Email, Permission to contact, Preferred language of communication).

The *Program Intake Form* was developed by the evaluation team and distributed online in a Microsoft Word document to country or state directors or other Young Athletes staff. The purpose of the Program Intake Form was to gather information from all Young Athletes sites within a state or country including confirmation of correct contact information for state or country contact, number of sites, types of sites (home site versus group site), total number of participants, etc. (See Appendix B for the Program Intake Form – Pg. 88.)

*Site Observations.* The site visits and conversations with teachers and coordinators were structured as fact-finding interviews. The primary purpose of these activities was to enable us to better understand programs and participants as part of the development of the Young Athletes Survey instrument. In essence, we wanted to see programs and talk to those who implemented them to ensure that the survey questions were relevant to existing programs. (See Appendix C for Pre-Survey Interview Questions that were administered over the phone or during on-site visits and used to inform survey development – Pg. 93.)

The *Young Athletes Survey* is a comprehensive 59-item survey developed as the primary instrument for data collection in the evaluation of Young Athletes. It was created in two formats: a Microsoft Word version and an online version. The online version was created to take advantage of technology to expedite the data collection process, while the Microsoft Word version was developed to accommodate programs that would need the survey to be translated. The same items appear on both versions of the survey.

The purpose of the Young Athletes Survey was twofold. First, the survey was used to describe variations in programs across states and countries and second, to observe change in children across developmental domains (motor, social, communication, cognitive, adaptive behavior). The 59-item survey asked teachers to provide the following information about their programs: Description of Sites (type, location, size); Demographics of Participants (age, gender, disability); Structure of Program (duration and frequency of sessions, adult /child ratio), Background of session leader (PT, APE, SO coach) Unique Features used; Level of Participation and Enjoyment (child, family); Documentation (attendance, log of planned activities, methods of monitoring progress); Implementation of Young Athletes (level of usage of activities, equipment); Challenges (activities, equipment, training); General Impressions of Child and Family Impact; and Suggestions for Improvement. Most items that appear on the survey are multiple-choice format, while some are open-ended to allow for elaboration by respondents.

Because the survey was the primary instrument for data collection, and to ensure that teachers' and coordinators' ideas about key aspects of the program were included in the survey, a significant amount of time was dedicated to its development. From October 2005 to April 2006, survey questions were developed and piloted with a small number of Young Athletes teachers in Texas and New Jersey. Teachers' responses to early drafts of survey items; phone interviews with Young Athletes coordinators in Texas, New Jersey, Illinois, New York, North Carolina, and Iowa; and information from the Program Intake Form were all critical to its development and used to shape the final versions of survey items.

In addition, during the survey development, each Young Athletes coordinator outside the U.S. was asked to identify the level of diversity among the participants from their country with regard



to disability, race/ethnicity, and language. These responses were then incorporated into survey items to ensure that the survey was tailored to match the diverse needs of programs outside the U.S. (e.g., translation issues). (See Appendix D for the International Chart on page 99 and Appendix E for the Young Athletes Survey on page 101.)

*Structured Parent Interviews* were employed to obtain parent perspectives about Young Athletes. Interview questions focused on parents' reasons for wanting their child to participate; perceived changes in their child's level of performance; perceived changes in their child within the family and/or community (neighborhood); family impact; expectations of future involvement in Young Athletes and SO; and suggestions for improving the program. In addition, we spoke with two parents during the early stages of the evaluation and used their responses to develop items for the Young Athletes Survey. As a result of these conversations and their observations about the impact of the program on their child and/or family, questions were added to the parent interview. (See Appendix F for Parent Interviews Questions and Issues with Sampling – Pg. 121.)

The return rates of the Young Athletes Surveys, the Registration Forms, Program Intake Forms and survey data is summarized in the Data Summary (See Table 1 on page 13.)

### **C. Procedures**

In the early stages of the evaluation process, a letter was sent from Special Olympics introducing staff at the Center for Social Development and Education to Young Athletes coordinators (See Appendix G – Pg. 128.) In the letter, Young Athletes coordinators were provided with a brief overview of the backgrounds of Drs. Siperstein and Favazza, the evaluation process, and the coordinator's role in the evaluation process. In addition, they were given contact information should they have any questions related to the evaluation.

The *Young Athletes Registration Form* was distributed in November at the regional and local levels by SO International office staff with the request to program staff to return these as close to program start-up as possible. This form was completed by only 19% of the programs in the U.S. (U.S. Subtotals, Columns E and F of the Data Summary in Table 1). In other words, we received registration forms for only 311 (U.S. Subtotals, Columns E and F, Table 1) of the reported 1602 U.S. participants (U.S. Subtotals, Column D, Table 1). This small return rate created multiple problems for the evaluation process. First, we were unable to use this data source to report on family composition, child demographics (age, gender, disability), or additional services in which children are enrolled. In addition, we were unable to obtain a proportional representation of families to contact for family interviews, as parent indication of interest and permissions to talk with project staff were collected on this form.

The *Program Intake Form* was distributed online as a Microsoft Word document to country or state directors or Young Athletes coordinators. They were distributed in October and November and completed by 100% of all Young Athletes programs. We learned from the Program Intake Form that most states and countries implemented Young Athletes as school- or community-based programs, with a few family or home sites in the United States only. Because most children were attending Young Athletes in Group Sites, evaluation efforts were focused *only* on programs in Group Sites. In addition, we learned that some teachers implemented Young Athletes to multiple

classes (or groups) of children. This information aided us in determining how many surveys to expect from the evaluation process.

As can be seen from the Data Summary Table 1 (page 13), the number of participating children was constantly changing. Programs typically made predictions on the grant application (Column B) of the number of children they anticipated. Then, on their original Program Intake Form they indicated the number of participants attending after programs were underway or about to start (Column C). Finally they were asked to verify the number of participants, classes, sites, and teachers *just before* completing the Young Athlete Survey. The number of children reported on the original Program Intake Form rose from 1278 (Column C) to 1602 (Column D) when programs were asked to verify their earlier reported number of children.

These changes in figures made it difficult to track the exact number of children involved in Young Athletes at any point in time and created challenges for collecting Young Athletes registration data. We predicted this would be a rolling database, and the fluctuating participation figures indicate that this did occur. Therefore, because the aforementioned number of 1602 children was taken at one moment in time, this figure can only be considered to be an approximate total of the number of children involved in Young Athletes.

Some programs indicated that participants come and go rapidly, spending only brief periods of time in the Young Athletes program. This was reported in Illinois and related to the fact that children in the Young Athletes program were in Early Intervention. Typically, children's time in Early Intervention programs is limited and usually terminated at the age of 36 months. If children were enrolled in Young Athletes through an Early Intervention program, this may explain in part why these children are moving quickly in and out of the Young Athletes program.

*The Young Athletes Survey.* Once the Program Intake Form was submitted and verified by all programs (April 2006), the online version of the survey was distributed directly by e-mail to teachers in the U.S. (e-mail addresses reported in PIF). Teachers were sent an electronic prompt to their e-mail address that provided their access code to the survey and instructions for completing the 59-item survey (See Appendix H – Pg. 131). The online version of the Young Athletes Survey provided more specific directions to enable teachers to respond (record answers online) and a contact number should they have difficulty recording their responses. Only one teacher contacted us with technical difficulties. We estimated that the survey would take approximately 20 minutes to complete. This is consistent with the average amount of time teachers were logged in to complete the survey.

In addition to the online survey, the survey was also created in Microsoft Word format for teachers who did not have the technology to complete the online survey, or if they indicated a need for a translation. The online version *and* the Word version of the survey were sent to all Young Athletes coordinators in Romania, Israel, Azerbaijan, and Latin America. These programs were asked to follow a five-step process: download the Word version of the survey, translate it (or let us know if they needed us to assist with translation), distribute it to teachers, collect the completed surveys and upload responses onto the online version. In addition, they were asked to mail all completed hard copies of the surveys to evaluators. Translations of the surveys were needed for all of the Latin American countries (Spanish) Romania (Romanian), Israel (Arabic

and Hebrew), and Azerbaijan (Russian). With the exception of Azerbaijan, each Young Athletes coordinator indicated they could handle the translation of their own surveys. For Azerbaijan, we provided a Russian translation of the survey. Once the completed surveys were returned, responses were translated and uploaded in the online version. If the online version was submitted from outside the U.S., all responses were recorded and stored immediately.

Teachers of all programs were asked to complete the survey *only after* they implemented the Young Athletes program for six weeks, with an original return timeline for U.S. programs of late April. Many programs outside the U.S. did not begin their programs in time to meet the six-week implementation criteria resulting in a delay in completion of this report. As of this writing, the results in this report reflect the United States, Romania, Israel, Azerbaijan, Venezuela, Chile, Panama, and Paraguay have completed their surveys.

In the U.S., 41% (28 of 69) of the anticipated surveys were completed (Column K of Table 1) with a return rate range of 17% to 67% across the six states. Returned surveys only represented 321 children who attended the Young Athletes classes from which we had completed surveys. [Note: The 321 children represent approximately 20% of the 1602 children enrolled in Young Athletes in the United States.] The survey return rates for Romania, Israel, Azerbaijan, Chile, Venezuela and Panama were 100%, and Paraguay was 50% for a combined return rate from countries outside of the U.S. of 81%.

Some teachers led multiple Young Athletes classes that varied with regard to age, level of functioning of the child, or structure of the class. For example, one teacher from New Jersey led 10 classes, while another teacher from Illinois led 33 classes. To ensure that the variations found in children and class structure were represented in survey responses, teachers who led more than one class were asked to complete up to three surveys for items 5-42 (of the survey) as these items represented descriptions of the different classes and variances in children and/or program structure, equipment, and activity usage within each class. The remaining survey items (43-59) represented general observations of program benefits, challenges and suggestions for improvements, general training needs, and the teacher's self description. Regardless of how many classes teachers led, these survey items (43-59) were completed only once.

The *Site Observations and Staff Interviews* were employed to shape the development of survey questions. In the U.S. we observed nine Young Athletes classes and interviewed seven teachers from states representing different regions in the U.S. (Texas, New Jersey, Iowa, Illinois) and interviewed five state coordinators (Texas, Iowa, New York, Illinois, North Carolina). Prior to site observations (one trip to Texas and two trips to New Jersey), open-ended phone interviews with Young Athletes coordinators and teachers were conducted to begin the development of the survey items. Staff were asked to describe their programs in general terms regarding ages of children, program structure (frequency and duration of Young Athlete sessions), site locations, etc.). From these initial interviews, drafts of the survey items were sent to teachers prior to scheduled observations in Texas and New Jersey. Teachers were asked to provide feedback about the drafted survey items and give input as to any other aspects of the programs that we should examine. The five state coordinators represented Texas, New Jersey, Iowa, Illinois, and New York. The seven teachers represented programs in Texas, New Jersey, and Illinois.

*Parent Interviews* allowed family members an opportunity to provide feedback about the Young Athletes program. Originally, we planned to use a proportional formula to randomly select families representing each U.S. program. However, the permission to call parents was obtained on the Registration Forms, and because of the low rate of return (12%) for the Registration Forms from parents whose children attended group sites, we could not apply a system of unbiased random selection of interviewees. A second plan for achieving representative sampling was to examine the information from the returned Registration Forms in order to select children who represented different states, different disabilities (if information provided), and different ages. Using this strategy, 48 families were contacted for interviews. Because many families could not be reached (e.g., phones disconnected, no one was home) or parents who initially agreed to be interviewed later declined, the final sample included only 20 parents.

**Table 1. Data Summary Chart of Young Athletes Programs**

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.
Programs	Anticipated # Children Reported on Grant Application	# Children Originally Reported on Program Intake Form	# Children Reported on Program Intake Summary Chart	# of Young Athlete Registration Forms Returned from Group sites	# of Registration Returned from Home Sites	# of Group sites (PIF Report)	# of Teachers at Group sites (PIF Report)	# of Classes (PIF Report)	% of Survey Completed or Returned
1.Texas	100	117	117	7 (5%)	0	17	17	20	50%
2.NJ	200	310	295	175 (60%)	113* (38%)	8	8	33	17%
3. Illinois	80	365	704	0 (0%)	0	13	1	53	67%
4. NY	100	150	150	0 (0%)	1	5	5	7	33%
5. North Carolina	150	232	232	15 (6.4%)	0	2	17	17	56%
6. Iowa	500	104	104	0 (0%)	0	2	2	21	33 %
<b>U.S. Subtotals:6</b>	<b>1130</b>	<b>1278</b>	<b>1602</b>	<b>197 (12%)</b>	<b>114 (7%)</b>	<b>47</b>	<b>50</b>	<b>151</b>	<b>41%</b>
7. Israel	80	83	83	70 (84%)	0	4	8	10	100%
8. Venezuela	80	NS	124	81 (65%)	0	4	4	4	100%
9. Romania	100	89	89	84 (94%)	0	8	12	9	100%
10. El Salvador	?	?	25	25 (100%)	0	1	2	2	0%
11. Chile	100	NS	74	26 (35%)	0	5	5	5	100%
12. Azerbaijan	120	60	60	0	0	3	3	3	100%
13. Paraguay	NS	NS	80	80 (100%)	0	5	6	12	(6/12) 50%
14. Panama	80	NS	NS	0	0	1	1	2	100%
<b>Subtotals Outside U.S.: 8</b>	<b>560</b>	<b>232</b>	<b>535</b>	<b>366 (68%)</b>	<b>0</b>	<b>30</b>	<b>41</b>	<b>47</b>	<b>81%</b>
<b>Totals: 14</b>	<b>1690</b>	<b>1510</b>	<b>2137</b>	<b>563 (26%) [E/D]</b>	<b>114 (5%)[F/D]</b>	<b>77</b>	<b>91</b>	<b>198</b>	<b>65%</b>

**Key**

- \* = Reported on Registration Forms
- NS = Not Submitted.
- E/D = Total in Column E divided by Total in Column D
- F/D = Total in Column F divided by Total in Column D
- Group site = Each school or center where multiple children or families attend Young Athletes program.
- Home site = Every individual who implements Young Athletes within their home for their child.
- Class = Each group of children who participate together on a regular basis in Young Athletes
- Teacher = Every person who implements activities in a group site. A teacher may lead multiple Young Athletes groups. These are counted separately and totaled in column H.

### III. UNITED STATES

#### A. Results

##### *Formative Evaluation Results*

A relatively small number of teachers provided an abundance of information about the Young Athletes participants and variations in program features and structure. Their responses, which are summarized in the following section, illuminate important findings about the different models of implementation and ideas for improving future Young Athletes programs.

*Young Athletes Teachers.* The Young Athletes Survey was sent to 50 Young Athletes teachers in the six states participating in the evaluation. The 50 teachers were responsible for 151 Young Athletes classes, with a Young Athletes class defined as individual sessions that are offered at a regularly set time with the same group of children. The classes were housed at 47 different group sites, with a group site defined as the location of a program within a school- or community-based setting attended by an intact group of children and/or families. Due to attrition, the number of teachers in the final sample of survey respondents was 48.

The majority of programs were implemented by teachers who were white females between the ages of 30-39 who had worked with Special Olympics less than one year. It is notable that aside from leading Young Athletes, the majority of teachers (69%) indicated they have additional roles at the school that reflect experience and/or expertise in working with children with disabilities. (See Table 2).

**Table 2. Additional Roles of Young Athletes Teachers**

<b>Additional Roles</b>	<b>Percentage of Teachers</b>
Special Education Teacher	43%
Adapted PE Teacher	11%
Special Olympics Coach	7%
Physical Therapist	4%
Occupational Therapist	4%

As described in the previous section, some teachers had multiple classes and therefore needed to complete multiple surveys. Our goal was to collect 69 completed surveys from 48 teachers. The actual return rate from teachers was quite low. Of the 48 teachers, only 21 (44%) completed at least one survey. Because several of the teachers filled out a survey for more than one class, the total number of completed surveys was 28. Given the low response rate, the results of the evaluation should be read with an understanding that they are based on limited data.

*Young Athletes Participants.* The data presented on children participating in Young Athletes only represents the 321 children who attended the Young Athletes classes from which we had completed surveys (N=28). [Note: The sample of 321 children represents approximately 20% of all of the children enrolled in Young Athletes in the United States.] Of the 321 children in the sample, boys represented 62% of participants and girls represented 38%. Most children (83%) were preschool-age, or between ages three and five. The group of children participating in

Young Athletes was ethnically/racially diverse, with 33% White, 25% Hispanic/Latino, and 23% African-American. The predominant diagnoses represented in children were Developmental Delay (43%), Intellectual Disability (36%) and Autism Spectrum Disorder (10%). Another way to understand the primary diagnoses is that almost 54% of the children had a diagnosis of Developmental Delay or Autism Spectrum Disorder, as compared to 36% with a diagnosis of Intellectual Disability. The predominant secondary diagnosis was communication disorder (48%).

In addition to the registered participants, other individuals who attended Young Athletes sessions included: siblings (7%), peers with disabilities (18%), peers without disabilities (14%), and parents (4%). When questioned about the level of attendance and participation, 61% of teachers indicated that they did not collect information on attendance, with some stating that because their program is school-based, this information is collected by the school. However, 93% of teachers reported that children attended all or most of the Young Athletes classes and 86% reported that children actively participated in all or most of the activities.

*Models of Implementation.* Data from the Program Intake Form and Young Athletes Survey revealed that there were at least three distinct models of implementation of the Young Athletes programs: School-Based Group Programs, Community-Based Group Programs, and Individual Home Programs. These different models of implementation exemplify family-centered practices for young children with disabilities, as they provide an array of choices for families and reflect programming options in natural environments. Both of these aspects of Young Athletes programs (programming in natural settings and family choice) are endorsed by the Division of Early Childhood (DEC) of the Council for Exceptional Children (CEC) (in DEC Recommended Practices).

According to the survey data, most Young Athletes programs (82%) were School-Based Group Programs implemented in typical public schools, specialized (separate public) schools for children with disabilities, and Head Start programs. The majority of these school-based programs (75%) were implemented as part of an existing program such as an adapted physical education (APE) class, physical education (PE) class, motor lab, or special education class. Overall, Young Athletes programs were a part of (or were incorporated into) the typical programming in public school settings for children with disabilities. Most Young Athletes programs occurred one to two times a week for 30-minute sessions, with three to nine children in each class and one to four adults, depending on the age and functioning level of the children. While this was the norm, some distinct variations were reported. One program met only once, and some programs met every six weeks with a group of children who continually aged out of the program.

In addition to the school-based programs, two other models of Young Athletes are being implemented in the U.S. Community-Based Group programs are being provided in sports and recreation centers, such as at a Special Olympics Center or a community YMCA, and can be characterized as a “Mommy and Me” or “Daddy and Me” program. Individual Home Programs were implemented by a family member and include siblings and sometimes other children from the neighborhood. This home implementation model was reported by 113 families from New Jersey and one family from New York.

*Structure.* Teachers were asked to describe how they structured Young Athletes classes (See Table 3). Most programs had similar patterns in structure that included Welcoming, Warm-Up, and Socialization Time. Fewer programs included cool-down or closing activities and snacks. Other activities that were incorporated in Young Athletes classes included addressing IEP goals, small group motor activities, playground or music time, literacy, and pre-writing centers. The low percentage for Family Time and Welcoming for Parents reflect the fact that very few programs included family members. In fact, relatively few programs incorporated activities for parents, as most programs did not have parents present during activities.

**Table 3. Structure of Young Athlete Programs**

<b>Class Structure Included</b>	<b>Percentage of Programs</b>
Social/Play Time for Children	64%
Welcoming Activity for Children	50%
Warm-Up Activity for Children	45%
Cool-Down Activity for Children	36%
Closing Activity for Children	36%
Drinks and Snacks	25%
Welcoming Activity for Parents	4%
Family Time	4%
Closing Activity for Parents	4%

*Program Features.* The program features standard to all programs included the Kit of Equipment and the Activity Guide (including the Skill Progression Checklist and the DVD). Teachers were asked to provide feedback about each of these features. In the following section we will review their responses regarding usage of the materials and comments about overall ease of implementation of the program.

Equipment. In general, there was a high level of equipment usage (see Table 4). However, 75% of programs reported that they added or substituted equipment for the following reasons: to increase the level of child participation (29%), because there was not enough equipment provided in the kit (18%), to accommodate child's skill levels (42%), or because the equipment broke during use (11%). Aside from the delays in equipment delivery, specific feedback about reasons for not using the equipment or making equipment substitutions typically related to quality and quantity of equipment (see Table 5).

Activity Guide Skill Areas. Teachers were asked about their use of the Activities from each skill area in the Activity Guide. They could respond that they used: all/most, some, or none of the activities (see Table 6). In general, most of the activities were used, with the activities from the Foundational Skill, Walk/Run, Trap/Catch, and Throwing used most widely, followed by the activities from Balance and Jumping. The least-used activities were from the Striking, Kicking, and Advanced Skill Areas. In open-ended responses, teachers indicated that the skills were not used because they were too challenging either due to the age of the children or type of disability.



**Table 4. Equipment Usage**

<b>Equipment</b>	<b>Level of Usage</b>
Balance Beam	79%
Large Beach Ball	93%
Bean Bags	97%
Cones	97%
Large Blocks	57%
Dowels	75%
Floor markers	79%
Hoops	89%
Paddles	64%
Scarves	86%
Slow Motion (Gertie) Ball	78%
Small Foam Ball	75%

**Table 5. Teacher Feedback about Equipment**

<b>Quality Issues</b>	<b>Quantity Issues</b>
The schools have better (sturdier) beams or equipment for their school-based programs	There is a need for more items (scarves, small balls, cones, bean bags).
The cones (and dowels) should be taller so that kids can actually crawl under them when the dowel is put in. Provide a mesh bag large enough to store all items.	<i>All</i> items represented in the Activity Guide to be represented in the Kit of Equipment (bats, hockey sticks). We did not receive all of the equipment.
Other components need to be added to equipment to meet the needs of children with sensory issues (visual and auditory signals).	There were not enough large blocks for our class.
The points on the stars (floor markers) can be dangerous when thrown and some children with sensory issues (autism) have an aversion to the points.	We received only one scarf. We needed to borrow some.
The large Styrofoam blocks are unstable. We should have a sturdier ball for kicking.	We needed more than one small foam ball so we used yarn balls instead.
The star floor markers were not stable and tended to slide around. I did purchase some rubber stars.	Increase number of items. We need at least one object (hoops, balls, scarves) for 2 children.
We did not use the paddles because our athlete's disability was too severe. Instead we used bigger tennis rackets.	We should have more equipment for striking such as hockey sticks, balls/bats, etc.
We had to use a heavier ball because the wind blew the ball off of the tee.	Multiple items should be added. It is hard to run an activity for a large group with two cones and one ball.
Change to SONJ equipment, it is more durable.	

**Table 6. Use of Activities in Each Skill Area**

<b>Skill Area</b>	<b>Percentage of Use (All/ Most)</b>
Foundational Skills	53%
Walk/Run Skills	62%
Balance/Jumping Skills	44%
Trapping/Catching Skills	53%
Throwing Skills	53%
Striking Skills	31%
Kicking Skills	34%
Advanced Skills	25%

Teachers were asked to describe modifications of the activities or equipment for children of different ages. Generally, children between the ages of three and six had more challenges with activities in the advanced skill area and the striking skill. Children age seven experienced little or no challenges, with the exception of the striking skill. Relatively few teachers reported using the Advanced Skill activities (25%), but some teachers indicated in open-ended responses that future programs would be improved by adding more advanced skills for the older children. Overall, the most common types of modifications utilized by teachers, regardless of the age of the children, were adjusting the pace and duration of the classes and the systematic use of prompts and praise to support child participation. This is not surprising, as these are common modifications used by teachers of children with disabilities. It is notable that more age-related modifications were reported by programs with seven-year-old children than any other age group. For example, with the seven-year-olds, the majority (75%) of programs used centers/stations more often as a structure for implementing Young Athletes classes when compared to younger children (42-47%), created additional lesson plans to supplement the Activity Guide (75%), applied systematic use of tangible rewards (75%), and added sensory elements to equipment (75%). There are several reasons that this may have occurred. For example, the figures may reflect a higher level of motor functioning among older children and less need for one-on-one adult support for participation. The creation of additional lesson plans may reflect the need to create more challenging activities for older children (as was indicated by teachers' responses to open-ended questions).

Without information as to the specific disabilities represented in these children, it is difficult to speculate as to why tangible rewards or sensory components were used with higher frequency with the seven-year-old children. On the survey, teachers were not asked to specify the type of reward, but from site observations of nine Young Athletes classes, the tangible rewards observed included stickers, edibles, and point systems in hand-carried reward books. Usage of tangible rewards was only seen with children identified as having Autism Spectrum Disorder. When asked about the reward systems, teachers indicated that children were on highly structured programs to shape behavior and participation (eye contact, attention span, follow directions) across all aspects of their day (at school and home). In addition, during the site observations, teachers of children with autism reported the use of multiple sensory items during Young Athletes as it related to desensitization goals on children's Individual Education Plans (IEP). This is an important finding, as it provides an example of Young Athletes programs becoming a part of ongoing school programs for children with disabilities (communication systems, behavior management programs, etc.).

Teachers reported that there were minimal challenges in implementing activities in the skill areas due to disability for children with intellectual disabilities, developmental delays, and autism until they reach the advanced skill activities. This finding suggests that the Young Athletes activities, in general, are well matched for children with these types of disabilities. In addition, in responses to open-ended questions about other modifications or changes they would suggest, teachers indicated that more activities in all skill areas are needed, as well as specific lessons and/or ideas of how to adapt the activities for children who are lower functioning. The results also suggest that the presence of secondary disability presents challenges in more skill areas for children with visual impairments, physical impairments, and emotional disturbances.

With regard to class modifications for children with different disabilities, the two most widely used modifications, regardless of disability group, were adjusting the pace and duration of the activities and the use of prompts and/or praise to increase participation. This is consistent with the age-related modifications reflecting common practices in special education. In addition, most programs reported the need to create additional lesson plans and add sensory components. Tangible rewards were most widely used with children with emotional disturbances compared to all other disability groups. Moreover, teachers reported using more modifications with children with emotional disturbances than any other disability. Specifically, teachers indicated that children with emotional disturbances needed more supports for staying on task, additional lessons to supplement the activity guide, and more challenging activities for children who are higher functioning.

A variety of communication methods were observed in use during site visits to programs, such as sign language, communication boards, Picture Exchange Communication System (PECS), and the use of multiple languages. Similar findings were reported on the survey. Regardless of the disability group, high rates of multiple languages were used by 78% to 100% of programs. In addition, alternative modes of communication were utilized, such as communication boards (75% to 89%) and Picture Exchange Communication System (55% to 69%) with children from all disability groups (with the exception of children with emotional disturbances). Specific examples provided by teachers included the use of BIG MAC, Choice Boards, individual communication devices, structured use of verbal commands, and cue systems. These findings strongly suggest that the use of alternative communication and multiple languages are extensively interwoven into the modifications used with young children with disabilities when they participate in Young Athletes. This may reflect the fact that Communication Disorders (Speech and Language Delays) are one of the largest disability groups represented in young children with disabilities in the U.S. *and/or* the fact that language deficits are a common characteristic associated with all of the primary disabilities represented in participants (Intellectual Disability, Developmental Delay, Autism).

Skill Progression Checklist. Teachers were asked to describe methods they employed to measure child progress in their Young Athletes program and were allowed to check all methods utilized (see Table 7). The most common methods used (72%) to measure child progress were school-based tools (IEP, District Assessment Tools and Standards). The Young Athletes Skill Progression Checklist was used by very few programs (14%) when compared to the other methods utilized. This is consistent with teacher reports and from the site observations. Every

teacher interview prior to the survey administration indicated that the Skill Progression Checklist was not used and that future Activity Guides should not include this feature. Their comments included, “It sets a child up for failure, as many children cannot succeed on the Checklist,” or, “It reinforces to parents and teachers about all of the things a child cannot do, not what he/she can do.” “Children at this age are already over-tested. Teachers and therapists are already testing children with school district tests. So administering this checklist involves more work for teachers with little value for children,” and “While it is optional, many parents may use it, wanting to measure child gains. They may not understand about child development or the fact that their child may take longer to reach some of these items.”

**Table 7. Methods Employed to Measure Child Progress**

<b>Tool Used</b>	<b>Percentage Reported</b>
IEP	43%
Record of Planned Activities	36%
District Assessment Tool or Standards	29%
Journal or Log of Progress	18%
Young Athlete’s Skill Progression Checklist	14%
Other (Portfolio)	11%

After a review of the survey data, teacher interviews, and the Activity Guide and Skill Progression Checklist, our own observations are that the Skill Progression Checklist, a) is not tightly tied to the entire program but is focused on sports skill acquisition in two specific skills: rolling (a ball), and penalty kick prep; b) is lacking the smaller gradations in all categories and breadth or scope that matches the goals/benefits statements made in the introduction of the Activity Guide (e.g., a child could make great improvements on socializing (asking someone to shoot hoops, play ball) or adaptive behavior (following directions, putting away equipment or belongings) but these skill gains are not reflected in the checklist); and c) can be misused in that the results can be misunderstood, misinterpreted, overused (e.g., to compare children to one another or to typically developing children, or given more weight than is warranted).

DVD. Teachers were also asked to provide feedback about level of usage and content on the DVD as well as other training opportunities they had or needed. Fifty percent of teachers reported using the DVD, while 85% reported receiving training from reading the Activity Guide. Other methods of training reported were seeing a demonstration and attending informational meetings with state SO and Young Athletes staff. Specific teacher feedback on the DVD included the following comments.

- “A much better DVD is needed. The current one gave no information.”
- “We are not even aware of Young Athletes training. When there is an inquiry to become a YA coach, we do not know what type of coach’s certification to provide or how to conduct one. Our program has been in existence for 10 years and we have a “Skills to Level of Training” dependent upon the person implementing the program. I didn’t feel that any of the staff ...needed any additional training as we are all therapists.”
- “The progression of activity guide can be more related to students that have neurological or physical impairments.”

- “It would have been helpful to see on the video someone taking their students through a whole range of activities from beginning to end.”
- “Watching a DVD or seeing a demonstration using materials with students who have severe physical and mental impairments would have been helpful.”

*Program Challenges.* Very few teachers reported difficulty implementing Young Athletes with their students (see Table 8). In fact, when asked, 25% reported scheduling or space issues and 11% or less reported problems with the attendance of children, transportation of children, or communication. In response to open-ended questions related to implementation issues, two comments reflected parent challenges (“Getting parents to complete and return the required forms.”) and one comment reflected a time issue (“We are doing all this in the class day. Time has been a problem – to get a session in along with the everyday routine of school.”).

**Table 8. Teacher-reported challenges**

<b>Program Challenges</b>	<b>Percentage Reported</b>
Scheduling Issues	25%
Other Activities Competing for Space	25%
Attendance of Children	7%
Transportation of Children	7%
Communication with Parents	11%
Communication with SO staff	7%

*Challenge for Families.* During the early interviews and site observations with Young Athletes coordinators and teachers, some reported that families were having difficulty adjusting to having a child with a disability. Others reported challenges for families when they first arrived at Young Athletes community-based programs. As one coordinator stated, “For some families, it was the first community-based program their child was attending. For others, they had never seen their child in a group setting with other children with disabilities.” Because of these early observations, teachers were asked (on the survey) if they had seen similar experiences in the families who attended their programs. However, relatively few teachers (14%) expected parents to attend and of those who expected parental attendance, only 7% indicated that parents attended most or all of their child’s Young Athletes classes. Therefore, it appears that relatively few teachers interacted with parents and only a few teachers indicated that they observed family challenges related to adjusting to having a child with a disability (39%), reluctance to allow child to participate (21%), knowing how to play/work with their child (25%), or communicating with their child (29%).

In summary, while the results are drawn from a relatively small sample of teachers, there were clear patterns to the findings. There was generally a high level of equipment and activities usage and a low level of difficulty reported with program implementation. Taken collectively, these results suggest that Young Athletes is well suited for the age and disability populations represented in the participants. While variations in programs were found, in general we observed from the data three distinct models of implementation and trends with regard to demographics of participants and teachers, program structure, and techniques used to support participation. The data is informative about the current program and provides ideas for improving future Young Athletes programs. These ideas will be included in the recommendations.

### ***Preliminary Summative Evaluation Results***

Teachers and parents both provided ample feedback about changes seen in children in during the Young Athletes activities within their family and community, as well as with regard to the generalization of skills. Collectively these data, (from the surveys and parent interviews) indicate the value of documenting impact of Young Athletes on children and families and provide direction for future programs that will be addressed later in the recommendations section.

*Early Evidence of Child Benefits Reported by Teachers.* Teachers were asked questions related to child and family impact. Specifically, they were asked how much gain in skills they observed in their class. [Note: Teachers did not evaluate the specific gains of individual children. They were asked to indicate whether gains were observed in children in their class *in general* in the five areas of development (motor, social, communication, adaptive, cognitive)]. Teachers were provided with examples of skills representing each of these domains and were asked to indicate that they saw: no improvement, a little improvement, a moderate amount of improvement, or a lot of improvement. Percentages in Table 9 reflect the combined responses of “observed a lot *and* observed moderate gains.” Specific examples of skill and/or behavioral changes observed in children in their classes are provided in Table 10.

**Table 9. Gains in children reported by teachers**

<b>Developmental Skill Area</b>	<b>Reported by Teachers</b>
Motor	75%
Cognitive	71%
Adaptive Behavior	69%
Social	65%
Communication	62%

One of the challenges for young children with disabilities is the ability to generalize newly acquired skills (Cooper, Heron, & Heward, 1987; Drew, Loyun, & Hardmans, 1992; Forness & Kavale, 1993). Generalization refers to the transfer or carry-over of knowledge or skills from one setting to another or with different people and/or equipment (Kazdin, 1975). Teachers were asked if they observed any carry-over of skills from Young Athletes into other parts of the child’s day. Fifty percent of teachers reported observing generalization of skills learned in Young Athletes to other settings (at school or home) or activities. Specific examples of generalization provided by teachers included the following: “Homeroom teachers and administrators (at our school) have noticed changes in students involved in Young Athletes – improved self confidence and in some cases, students have become more assertive.” “They are more interactive in class and more responsive.” “A parent told me they are better helpers at home.” “One of my students is falling less often than before beginning Young Athletes.” “Some of my students who were very resistant when doing Speech Therapy and Occupational Therapy (OT) activities that were incorporated into gross motor movement started participating better in speech and OT classes.

In addition to improvements in skill areas and generalization of skills, teachers also reported other child benefits as a result of participation in Young Athletes, such as children having fun with peers (89%), raised teacher expectations about child’s capabilities (54%), creates new

opportunities for addressing (working on) IEP goals (49%), and service learning and volunteerism (25%).

When asked, “What is the most important benefit of Young Athletes participation?,” teacher responses were distributed into six distinct categories: gains in social & emotional development (45%); motor development (24%); cognitive development (8%); adaptive behavior development (8%); family benefits (8%); and general benefits (8%). Examples of specific responses to this open-ended question include the following. Young Athletes “encourages children to use their body in a variety of ways;” “generates pride in themselves;” “generates more confidence in their abilities;” “is about having fun while improving motor skills;” “provides an opportunity for parents and siblings to watch *and* participate;” “gives them (participants) an opportunity to develop lifelong skills for daily living and building self-confidence and a sense of fun!;” “sometimes, more importantly [Young Athletes], shows the parents what their child is capable of and gives them [parents] a network of their own;” “it gives them an opportunity to be in the spotlight at the field day. The regular education students in the athlete’s class are so excited for the athletes and being able to watch them perform on things that they helped them learn;” and “It allows them to work on skills they can accomplish. Their self-confidence soars from it.”

*Early Evidence of Family Benefits Reported by Teachers.* Teachers indicated some family benefits associated with Young Athletes participation, but admitted that for the most part parents did not participate in the program. Family benefits identified by teachers were parental enjoyment while watching their child participate in Young Athletes (57%), raised parental expectations about their child’s capabilities (21%), enables parents to get support through networking with other families (21%), provides families with new ways (ideas) of working with their children (18%), enables parents to obtain information related to their child’s disability (7%).

*Early Evidence of Child Benefit Reported by Parents.* Parents were first asked to talk about their reasons for wanting their child to participate in Young Athletes. In general, parent responses reflected themes related to social and motor development as well as adaptive skill development in group settings. Examples of their remarks include the following: “We were trying to get N. (who has Pervasive Developmental Delay and possible Mental Retardation) to exercise more. He likes watching TV and he is gaining weight so we wanted him to be active and gain some skills. Anything he can do to be more active; also to work on his fine and gross motor skills as well as balancing and getting him moving and used to his body;” “To improve her coordination and balance and increase her focus;” “To allow him a chance to work with other people; Also, to help him with balance;” and “We joined because of his autism, to improve his motor skills, balance, and group participation.”

Fifteen of the twenty parents (75%) indicated that the goals they had for their children were met or exceeded. In addition, parents reported that their future goals (for the upcoming year) are consistent with this year’s goals to encourage more socialization, motor development, and active participation in recreational activities. Almost every parent indicated that they plan to continue with Young Athletes (95%) and 75% indicated that they are planning to have their child

**Table 10. Teacher observations of child gains**

Domain	Teacher Observation
Motor Development	<ul style="list-style-type: none"> <li>-Two of children have begun ambulating independently since the program started.</li> <li>-Improved balance and coordination</li> <li>-Improved jumping, hopping, throwing</li> <li>-Gross and fine motor skills improved across the board</li> <li>-Obese student demonstrated more active participation - Jumping over dowels instead of stepping over them.</li> <li>-Some were having problems with catching and kicking the ball. Now they are able to wait and kick or catch the ball when it is thrown to them.</li> </ul>
Social and Emotional Development	<ul style="list-style-type: none"> <li>-Improvements in taking turns</li> <li>- One child refused to join in. Now he wants to lead.</li> <li>-They are encouraging each other to finish games. They cheered when each one finished.</li> <li>- Cooperating with peers</li> </ul>
Adaptive Behavior Development	<ul style="list-style-type: none"> <li>-More eye contact and increased independence</li> <li>-Increase in desire to participate from kids who were initially resistance.</li> <li>- Having the class at the beginning of the day set the tone. Students were set in the mode of following directions and retained focus much better for the rest of day in which YA was not held.</li> <li>- Better able to follow directions</li> <li>- One student who was very resistant could hardly wait her turn at field day. Wow, how they progressed in such a little amount of time. I can't wait to see how much progress will be made in a whole year of activities.</li> </ul>
Cognitive Development	<ul style="list-style-type: none"> <li>- Learned body parts</li> </ul>
Communication Development	<ul style="list-style-type: none"> <li>-Picked more equipment on their choice boards</li> <li>- Imitating actions, signing "more" to do activity again.</li> </ul>

participate in Special Olympics. Taken together, these data suggest that, in general, parents believed their child benefited from the program and are planning for continued participation.

Parents were then asked about specific observed changes (in developmental areas) seen in their child that they would attribute to participation in Young Athletes. Percentages in Table 11 reflect the combined responses of "observed a lot of gains *and* observed moderate gains." While teachers had more opportunities to observe children in Young Athletes sessions, many parents reported gains as well. When parents' examples are compared with examples provided by teachers, we notice many similarities between teachers' observations of child gains *in general* (from a class) and parents' observations about *their specific child*. Parent's observations of changes in their child's behavior or skill can be seen in Table 12. Their responses reflect gains in developmental domains and generalization of Young Athletes skills in the home setting.

**Table 11. Gains in child reported by parents**

Developmental Skill Area	Reported by Parents
Motor	75%
Communication	55%
Adaptive Behavior	50%
Social	45%
Cognitive	40%



**Table 12. Parent observations of child gains**

<b>Domain</b>	<b>Parent Observations of Their Child</b>
Motor Development	<p>-She is taking stairs one at a time, hopping on one leg, she can kick a rolling ball, her overall balance is better, she can do a balance beam.</p> <p>-Her coordination and balance as well as eye-hand coordination have improved.</p> <p>-His balance is better, less toe-walking, he's better at catching and throwing a ball.</p> <p>-He could not jump at first. Now he can jump, balance on one foot, has better balance, is better at throwing and catching.</p> <p>-His sensory issues have improved; also running, walking, coordination is better.</p> <p>-He's always been strong in this area, but maybe his running has improved a little bit.</p> <p>-He is jumping with two feet in a progressive manner, this is definitely from the YA program because it was part of the obstacle course.</p> <p>-Steps up/down curb unassisted; gets on/off trike; tries to pedal. She can't do it but understands the pedaling motion will move her.</p>
Social and Emotional Development	<p>-She is not as social as other kids. Now she is more social. Even though she is non-verbal, she seeks out people, does not wait for others to come to her. She also has learned to get her needs met or attention by using different strategies with different people. She differentiates strategies according to what "buttons she can push" for different people.</p> <p>-Her confidence has increased and she is more comfortable with other kids because of her better motor skills.</p> <p>-He set up the materials and plays with his brother (with ID). Neighborhood kids come over to play.</p> <p>-He's more social with sister. Wants to play with her now. Pushes me out of way to play with sister.</p> <p>-He used to enjoy solitary play, even when other children were around. Now he goes up to children. -He says "hello, my name is J." He is especially attracted to girls with blonde hair!</p> <p>-He is now doing turn-taking. He also did pretend play (that the cones were ice cream cones!)</p>
Adaptive Behavior Development	<p>-Listens and follows directions better</p> <p>-Improved eye contact. Now puts toys in his sister's hand.</p> <p>-Improvements in following routines and directional words.</p> <p>-She has definitely improved with eye contact, following directions. Also, the other day she took out toys (as usual) and CD's (selected the one she likes from a stack of 50). Then later, she picked up her toys and picked up all of the CD's and put them away. She never had done that before YA</p> <p>-Now he is able to follow 2 and 3 step directions. -He sets the table, clears the table. He knows what goes into the recycle bucket and puts jacket on/off.</p> <p>-He only does what he wants. However, the other day when we went to see the developmental specialist, when he was done playing with the toys, he sorted them into the correct bins and picked up every toy.</p> <p>-Sets up the activity and cleans it up. Improved eye contact, following directions and attention span. WOW!</p> <p>-I watched my son play basketball for one hour. He never had the attention span to do things like that before YA.</p>
Cognitive Development	<p>-He is more aware of his body, body parts.</p> <p>-He is very good with memorization, understands concepts (under, over; shapes).</p> <p>-He was drawing only a circle. Now trying to draw squares and triangles. He knows all of his colors, even pink and purple because they are his sister's favorite colors.</p> <p>-She self initiates, moving chair to get on top of counter, cognitively puts the motor planning together. Before she was not doing this.</p>
Communication Development	<p>- He is talking more, especially about his friends, observing other children more.</p>

When posed the question, "What is the most important benefit for children who participate in Young Athletes?" most parent responses reflected benefits in developmental skill areas and family and community benefits. Some of their quotes included the following:

#### Social and Emotional Development

- "First and foremost there is a social aspect to group activities. She is an only child and it has helped her learn to wait her turn. It teaches her (as an only child) that the world does not revolve around her."

- “Before, we would see her doing a lot, but in group settings (like at school) she doesn’t do much. Now in the class setting, her teachers are seeing her do more (like we were seeing at home).”
- “It helps build team spirit, cooperation, team building, overall challenges them, they feel good about finishing something and getting a reward. They have a sense of pride that they feel when they do that.”
- “The biggest benefit for children is that it is a self-esteem booster. I think that one of the most important child benefits is that it raised self-confidence and self-esteem of all of the kids involved. In addition, it is fun. He had a good time. He was proud of himself. It was a big deal to get ribbons. He wore them for 2-3 days and showed them to everyone, everywhere we went.”
- “It gives children a sense of increased mastery and competence. It leads to more willingness to initiate interactions with peers.”
- “He has more self-confidence, is pleased with himself. He is eager to do well and doesn’t get frustrated with us when we can’t understand him right away. He is very persistent.”

#### Social and Motor Development

- “Social and motor opportunities. Plays with siblings. I think they are happier together.”
- “It gives them an opportunity to participate in group activities, to reach their goals, and to have fun.”
- “Motor skills and getting exercise. Being more aware of themselves and their surroundings. Work on socialization skills.”

#### Cognitive Development

- “They benefit from the organized and structured play. They can learn colors and shapes and everything is modified to their disability.”

#### Community Benefit

- “It helps the community to gain an understanding of children with special needs. It is a good thing overall for the community and children.”

#### Adaptive Behavior Development

- “To be around other people and get used to new environments. Also to follow directions from different people, not just their parents.”

*Early Evidence of Family Benefits Reported by Parents.* When asked to talk about the impact of Young Athletes on the family, several themes emerged from parent responses such as: changes family dynamics, generates family pride, builds connections, changes expectations, and evidence of generalization. A representative sample of quotes from parents (below) illustrates the breadth of potential impact of Young Athletes not only on children who participate, but on their families as well.

#### Changes Family Dynamics

- “One thing maybe is to just have something to get behind the child and prevent them from being swept under the rug. It makes them an integral part of the family and gives them something to work for too.”

- “I have found a common ground – a place where my son and I can connect – through sports.”
- “He interacts more with us (parents) and his younger brother.”
- “One benefit is to just have something to get behind the child and prevent him from being swept under the rug. It makes them more an integral part of the family.”
- “Improved sibling relationship.”
- “It is a good way for families to spend time together practicing and finding things that they really like—see what the children are good at and spend more time honing in on those skills; also building their confidence and self-esteem.”
- “N. really interacts with us and his younger brother more. There is a four-year age difference between them, but they are very much alike.”
- “It gives them a chance to do something together as a family—it’s more like a group activity.”
- “It gets the families involved in the children’s development in a positive way. It lowers families’ anxiety because they can see their children making gains.”
- “I think there are a lot of benefits—socialization and helping him to communicate. It’s like a domino effect—everything affects something else; he communicates better with us, and is more active which makes him healthier.”

#### Generates Family Pride

- “It is great to be proud of the kids for doing little things.”
- “The other kids in our family are pulling for her more.”
- “Everyone was extremely supportive, they wanted to go and participate and cheer him on. My other children get excited when N. can do things right, they are glad to see him be able to do things.”
- “Getting support from other families and meeting other parents with kids with similar issues. Also learning what works and what doesn’t. It’s also another resource that’s available to us.”

#### Builds Connections

- “It provided opportunities to communicate with other parents about needs of other kids with disabilities. Connecting and sharing information is really a huge benefit...it gives you an opportunity to talk to someone that can relate to what it is like to have a child with disabilities. “
- “Neighborhood kids came over to play with us with the Young Athletes kit.”
- “We have received support from other parents with children similar to our own. We have an increased awareness of what our area has to offer in terms of services.”
- “It is a way to get support and provides a broader spectrum of things to offer kids to help them become age-appropriate.”
- “Because of J. a whole world of kids with disabilities – a whole circle of families with children with disabilities has opened up for us. It is exciting and overwhelming to be a part of a new world – in the best way (sense). It changed my life.”
- “I have found a common ground – a place where my son and I can connect – through sports.”

- “The biggest benefit is there is a lot of opportunity out there—there are things for these kids to do; the goal is to get them out there doing something. Don’t shield them.”
- “It also makes parents more willing to bring the children into the community and try new things.”

#### Changes Expectations

- “It has been a big thing for us to be a part of Young Athletes. It is a life changing event to have a child with special needs or disabilities....When you have a child with special needs it changes your life priorities. We are so grateful for the little things now – things I took for granted and never focused on. When we go to events like the Young Athletes event we are cheering all children, I see every child differently. I see every child needs cheering on. I say to myself when I watch J. and all he goes through, seeing his struggle, and how far he has come, seeing his efforts, - if he can do that, I can do anything. I have no room to complain. I now look at all children as having potential.”
- “I have changed my expectations about my child.”
- “I had no idea he could do those things.”
- “He did all the things that any boy would do out there on a basketball court.”
- “Maybe that we have a more positive outlook for him in terms of what he can do; a brighter outlook.”
- “The biggest impact on our family was the impact on my husband..... He made a point to be at the Young Athletes event....My husband, for the first time, got to see what J. can achieve....He was so surprised at what he could do, like at the Young Athletes event. He now (for the first time) sees (realizes) that his son has a disability. He saw that the day of the Young Athletes event. He finally gets it and also sees what J can do. It has had a big impact on my husband which of course impacts our family.”

#### Evidence of Generalization

- “After learning to step on the blocks, I noticed he could walk up the stairs out in the community.”
- “He now sets up the Young Athletes equipment and picks it up when done.”
- “He is picking up toys when done. I know they do this in the Young Athletes classes.”
- “My son without a disability can set up the Young Athletes materials and play with his brother (with disabilities).”

In summary, both teachers and parents reported benefits associated with participation in Young Athletes. While teachers were asked to comment on gains observed in children in their class *in general*, parents were asked about changes in skills in their *specific* child. Teachers reported the greatest gains in motor, cognitive, and adaptive behaviors, while parents reported greatest gains in motor, communication, and adaptive behaviors. Both teachers and parents reported high rates of improvement in the area of social development as well. Taken together, their observations of child gains demonstrate consistency across parent and teacher observations. In addition to observed gains in developmental areas, children showed some evidence of generalization of skills outside of the Young Athletes classes. This is a notable finding, as evidence of skill generalization is a hallmark indicator of skill acquisition and was noted by both teachers and parents.

Family benefits were also noted by teachers and parents. However, there appear to be differences between the parents' and teachers' perspectives on family impact. The breadth of positive parental responses when compared to teacher responses illustrate that parents' perceptions about family benefits were more comprehensive than teachers' perceptions about family benefits. This could be due in part to the fact that parents did not attend most of the Young Athletes classes and therefore, teachers were unaware of the broader family impact. In addition, parental responses within this study are consistent with research of parental views on the value of recreational activities on families of children with disabilities. They believe participation in recreational activities with their child "enhances the quality of family life, and promotes the development of life-long leisure skills and interests." (Mactavish & Schleien, 2004). Suggestions for ensuring child and family benefits will be addressed in the recommendations

## **Recommendations**

Young Athletes can be characterized as a sports/play program that provides early recreational experiences for young children with disabilities and their families using three distinct models of service delivery and expertise from multiple disciplines. Young Athletes is a good example of a participatory learning opportunity (Dunst, 2001) as programs have become a part of schools and community-based programs, providing new programmatic opportunities for addressing developmental goals of young children with disabilities. To ensure that the potential impact of Young Athletes is maximized and is in sync with the field of early childhood special education, our recommendations will focus on three broad areas: Program Operations, Program Features, and Alignment with Best Practices in the Field of Early Childhood Special Education.

### ***Program Operations***

The results from the evaluation provide several suggestions and directions for improving future operations of Young Athletes programs. These recommendations focus on program parameters, program start-up, and program implementation.

*Optimal program parameters for each model of implementation should be established to ensure quality and consistency across programs while allowing for unique participant and programmatic needs.*

During 2005-06, as Young Athletes was being piloted, teachers were encouraged to implement the Young Athletes program with the unique needs of their participants in mind. As a result, the program assumed three distinct models of implementation that shared some similarities. For example, Young Athletes was typically implemented in 30-minute classes, meeting one to two times a week with a fixed (set) group of children. However, some programs varied from this model so dramatically that it raised the question as to what constitutes a program (e.g., one teacher met with children once every six weeks; in another program, children met only once). In addition, some programs had children come and go, as their participation was tied to an early intervention program that ends at age three. This variation among programs was problematic for many reasons. First, it may minimize potential child gains. Second, it makes it almost impossible to track the children as they come and go. Finally such wide variability in attendance

and program structure makes it difficult to monitor progress or compare data across programs. In response to these issues, Young Athletes should develop guidelines for how typical programs should be implemented. In this way, Young Athletes will be able to better ensure quality and consistency across programs and models of implementation.

*To ensure the smooth initiation of all programs, staff should be appointed to support start-up activities, registration, and equipment delivery.*

Unrealistic timelines for the start-up of Young Athletes led to frustration and confusion in many programs, and may have had a negative effect on evaluation efforts. Specifically, programs indicated that delays in equipment delivery hindered their initial start-up. At the same time, other programs initiated start-up prior to the development and dissemination of the Young Athletes Registration Forms. Both of these circumstances may have contributed to the frustrations of Young Athletes coordinators and the low rate of return of the Registration Forms. Other equipment delivery issues included poor communication and tracking of equipment delivery, storage and space issues resulting from single items packed in boxes and/or equipment not delivered directly to school sites, and added time and expense to re-deliver items to schools. In response to these issues, Young Athletes should dedicate staff with focused attention on supporting smoother start-ups for future Young Athletes programs.

*Consider ways to supplement the Young Athletes program to support the diverse developmental and communicative needs of children.*

When implementing Young Athletes programs, teachers employed a variety of supplemental techniques to support children's full participation. Many teachers added activities and/or provided accommodations for children based on their needs. Examples included adjusting the pace, providing supplemental activities and lessons, warm-up and cool-down activities and social time, and providing prompts/praise. Many teachers also provided accommodations for children who needed alternative communication, such as simultaneous presentation in multiple languages, Picture Exchange Systems (PECS), and communication boards.

Young Athletes provides a natural context for supporting language and social development. Therefore, it is important that future programs examine ways to promote and measure gains in these areas for participants. Overall, Young Athletes should consider ways to address issues related to the range in abilities and communication needs of children. Specific suggestions for addressing the range of communication and developmental needs of children are provided by teachers in Appendix I – Pg. 135, and Appendix J - Pg. 137.

### ***Program Features***

The Young Athletes program has several features including an Activity Guide, which includes a DVD training video and a Skill Progression Checklist, and a Kit of Equipment. The following recommendations reflect feedback from the survey responses and interviews with teachers, coordinators, and parents, as well as observations and a review of the materials.

*Teachers should be provided with a choice (e.g., an electronic menu) of both quantity and types of equipment to ensure that they are able to meet the unique needs of their participants.*

Because the needs of young children with disabilities can be quite diverse, it is important to find a way to enable programs to customize equipment (quantity and quality) to match the needs of children. While teachers reported high use of most equipment, and provided excellent feedback about what did and did not work, they also had specific suggestions about equipment quality and quantity. For example, they needed more of some specific items (e.g., small balls, scarves, floor markers, cones, and dowels) and they needed equipment that more closely matched the unique needs of their participants (e.g., taller cones to accommodate taller /larger children, sensory elements for some balls such as sound or light source, sturdier beams). In essence, over time programs could build a collection of equipment choices that are needs-based. Because the program hinges on the use of the equipment with carefully planned activities, it would be important to consider all equipment needs and options prior to renewing contracts for equipment purchase so that informed data-based decisions can be made before expending resources.

*The Activity Guide should be revised to reflect the breadth of potential benefits and developmental diversity represented in children who attend Young Athletes programs.*

Within the introductory letter in the Activity Guide, four benefits to Young Athletes program participants are highlighted: 1) children with ID will improve physically, cognitively, and socially; 2) the program will raise awareness about the abilities of children with ID; 3) the program will introduce families to available support and resources; and 4) the program will increase athlete and sports readiness. While all of these are important potential benefits, it is unclear how each of these benefits is intentionally supported and evaluated within the program. For example, efforts to promote cognitive and social development, to raise awareness about the abilities of children with ID, and specific strategies for being supportive to parents are all missing from the activities, suggestions, and Skill Progression Checklist. At present, the potential benefits are merely stated in the introduction of the Activity Guide, while in the activities and Skill Progression Checklist that follows, only sports skills acquisition are addressed. It is important that these other areas be addressed, as the wider potential benefits of participation in Young Athletes would be better recognized and supported by staff and parents if the connections were made more obvious in the Activity Guide. Therefore, the Activity Guide *and* Skill Progression Checklist should have strategies or elements that clearly signal the importance of these broader benefits. If these elements are not made a part of the structure and materials of the program, we are leaving to chance the likelihood that these important benefits will be realized. A summary of suggestions are provided in Appendix J - Pg. 137.

*The Skill Progression Checklist should be revised (and expanded) to match the scope and sequence of activities within each skill area in Young Athletes.*

Every teacher we spoke with during the survey development (prior to survey administration) indicated that the Skill Progression Checklist was not used. Many strongly recommended that it be omitted in future programs. This response was consistent with survey data, in which only 14 % of teachers reported using the instrument. Based on our own review of the instrument, we concur with teacher's comments that the Skill Progression Checklist should be retooled.

In tandem with efforts to retool the Skill Progression Checklist, Young Athletes staff could benefit from a discussion on the broader potential impact of Young Athletes. It is clear from the data that there are multiple reasons why parents participate and that there are many benefits to be gained for families and children. These include, but may not be limited to: early sports and recreational experiences, promotion of growth in developmental domains (motor, social, communication, adaptive behavior, cognitive), promoting better health in individuals with disabilities, family support opportunities, untapped opportunities to promote inclusion, and promoting greater acceptance of children with disabilities. It is important to capture this range of potential benefits in the Skill Progression Checklist. Ideas about improving the Skill Progression Checklist can be found in Appendix K (Pg. 139).

*Explore ways to maximize the use of technology to share ideas, address specific training needs, and ensure access to DVD by all programs.*

Parents and teachers both spoke of using technology as a means to share ideas about lesson plans developed for activities within the Activity Guide. It is unclear if the electronic message board run by SO is widely used by Young Athletes teachers. However, teachers and parents alike indicated they would like lesson plans and ideas shared. This type of electronic sharing would be greatly enhanced if a translation feature to facilitate global discussion were added to enable teachers from around the globe an opportunity to share a game or lesson. It would also promote ownership of their program and global cross-cultural exchanges, and would ensure the addition of activities that are culturally inclusive.

*Examine the DVD to ensure that contents reflect the variations found in program models, structure, and participating children.*

The use of the DVD as a training tool and as a method of providing an overview of the program is an excellent idea. It supports connections between programs and provides a means to demonstrate an overview of the program. However, the DVD appears to have been underutilized and warrants attention to maximize its full potential. Teachers provided an abundant amount of feedback that should be used to expand the DVD and general use of technology in addressing issues related to program implementation with diverse populations represented in Young Athletes programs. (See Appendix L – Pg. 141.)

### ***Alignment with Best Practices***

As Young Athletes continues to expand in school and community settings, it will play a significant role in the field of early childhood special education, as it provides new opportunities for addressing the developmental and recreational needs of young children with disabilities. In



light of this, several aspects of the program should be examined to better align Young Athletes programs with recognized best practices in the field of early intervention and early childhood special education. This alignment touches on four broad areas: use of Intellectual Disability as criterion for participation, responsiveness to families, inclusive practices, and evidence-based practices.

*Expand the criterion for program participation beyond children with the diagnosis of intellectual disability to include children with developmental disabilities.*

The criterion of having an intellectual disability (ID) for participation in Young Athletes is inconsistent with recommended practices in the field of early childhood special education. There are four realities that are in conflict with the ID criteria policy:

- 1) In the U.S., many young children who may have cognitive deficits have other labels such as developmental delay, autism, etc. This is consistent with the results from the survey, in which more teachers indicated that they had children with developmental delays as compared to children labeled as having intellectual disabilities. Moreover, some teachers expressed disappointment that children with developmental delays are excluded because they do not have the ID label (and therefore do not qualify for participation in Young Athletes). Special Olympics requires that children have an ID label to participate. Therefore, some programs indicated that this narrow criteria prevented many children from participating who could benefit from the Young Athletes program.
- 2) Children “age out” or “grow out of” classifications. In other words, the labels and classification children have when they are two, three, and four years old may change by the time they are five, six, or seven. Because of this phenomenon, some districts restricted participation because they did not want a child to start with Young Athletes only then to be removed from it or from Special Olympics. As one person in the field reported, “It sets them up for a dead-end road and for disappointment.”
- 3) The use of the ID label is inconsistent with use of labels for young children. Many children may have other diagnoses (developmental delay, pervasive developmental delay, autism, or delays with unspecified diagnosis). These terms are consistent with the field of early childhood special education, as we typically do not assign labels of ID early in a young child’s life when development is ever changing and characteristics associated with disabilities may not yet be stable.
- 4) Families are reluctant to attach a label of mental retardation or intellectual disability early on for a number of reasons. For example, it is not uncommon that once labels are used, it is difficult to “undo” these labels in the minds of those who have worked with the child. For other children, the ID diagnosis may be premature. In essence, we may be forcing parents to adopt the label when it actually does not apply or when they may not be ready to apply it.

The Division of Early Childhood (DEC) of the Council for Exceptional Children (CEC) has endorsed the use of the term “developmental delay” for young children with disabilities in the U.S. While each state is allowed to provide its own definition of the term, the category typically includes children who exhibit significant delays in one or more areas of development. This was brought about in response to professionals and family members who did not think it beneficial to label young children too early when there is such variability in development. Further, children outgrow early labels (which are then difficult to remove in the minds of teachers and parents) or may be misdiagnosed. For these reasons, it is recommended that Special Olympics consider expanding the ID criteria for participation to include children with developmental delays, which is more consistent with the field of early childhood special education in the U.S. (See Appendix M (Pg. 144), Position Statements from Council for Exceptional Children’s (CEC) Division of Early Childhood (DEC) on Developmental Delay).

*Explore ways to be more responsive to family needs and to facilitate family involvement.*

Early on in the evaluation process, coordinators reported observations of family anxiety and stress prior to or during their Young Athletes participation. This observation was also reported by some parents during phone interviews. This phenomenon may relate to the fact that Young Athletes is taking place at a time when parents might just be learning about their child’s diagnosis or coming to terms with the impact of the disability on their child and family. It should be noted that teachers from school-based sites did not report this, as they often lack the opportunity to observe and talk with parents. Some of the reported observations of family challenges are provided below.

Issues that may contribute to family stress and anxiety include: recently learning about child’s disability, seeking resources for therapies and programs for the child, entering community-based programs with other children with disabilities, seeing the child with children without disabilities, etc. Further, a family’s adjustment to learning they have a young child with a disability may result in delays in starting Young Athletes or in a reluctance to join. As two coordinators pointed out, “....It is difficult to get parents to return forms to participate when they were dealing with a recent diagnosis, trying to find therapies ...;” “... Registering for this program when they are coming to terms with the presence of a disability is difficult and requires time and sensitivity...;” “If you sign up for this program, you basically are acknowledging that your child has a disability. That may be hard;” “Some parents are seeing their child for the first time with other children with disabilities. Some experience difficulty when they arrive. They do not see a match between their child and others with disabilities.”

Another consideration is how to support more family involvement. Research has clearly demonstrated the short-term and long-term benefits of family involvement. In an extensive assessment of early parent involvement in Head Start programs, researchers found that early parent involvement led to improved family life and parent-child relationships, enhanced home learning, led to greater social competence, parent self-efficacy, and greater involvement of parents in elementary school (Parker, Piotrkowski, Kessler-Sklar, Baker, Peay, & Clark, 1997). Moreover, the field of early childhood special education endorses family-centered practices in programs for young children with disabilities. (See Appendix M for the Position Statements from

Council for Exceptional Children's (CEC) Division of Early Childhood (DEC) on Responsiveness to Family Cultures, Values, and Languages – Pg. 153.) Parents and program leaders may want to consider generating ideas for how families could be more involved with Young Athletes and how to ensure and expand family benefits associated with the program. While few teachers discussed family benefits, family members offered their perspectives. Many parents reported benefits to the family related to attending and participating in the culminating activities, the joy of seeing changes in the child's skill level and behavior (social, communication, and adaptive behaviors). Parents also said they wished they could have been more involved as the program progressed or been better informed about what happened each week. Others said that ongoing communication about the activities would have been useful. Some parents thought they could be more involved, even in school-based programs, had they known what was going on. Young Athletes programs should be sensitive to the issues families face while maximizing the opportunity to provide support and connections to resources for families, and at the same time increasing family involvement. (See Appendix N for specific ideas for improving responsiveness to families – Pg. 155.)

*Consider creating an inclusive Young Athletes program.*

The push for inclusive programs for young children with disabilities in the U.S. is reflective of and driven by the convergence of three realities: 1) federal mandates, 2) research on social competence, and 3) national endorsement of inclusion philosophy (Guralnick, 2001). The legislation provides a clear direction for services and programs for young children in natural environments. As stated in the 1997 amendment to IDEA (PL 105-17), "... to the maximum extent appropriate, services are provided in natural environments, including home and community settings in which children without disabilities participate..." The research on social competence with peers in inclusive early childhood programs indicates the need for alternative and multiple approaches of supporting children's peer-related social competence and peer relationships. Improvement in these areas will improve the quality of experience in inclusive settings and will likely have collateral benefits in other areas of development (communication, cognitive, motor, and adaptive skill development) (For a review of research on social competence in inclusive early childhood special education settings, see Guralnick, 2002, p. 481-502).

Moreover, the Division of Early Childhood (DEC) of the Council for Exceptional Children (CEC) has endorsed inclusive programming, supporting the rights of children to participate in programs in natural settings. Natural settings are clearly defined as ones in which the child would spend time had he or she not had a disability. (See Appendix M for the Position Statements from Council for Exceptional Children's (CEC) Division of Early Childhood (DEC) Position Statement on Inclusion – Pg. 152.) Considering these realities, Special Olympics should consider an inclusive approach for the Young Athletes program. Simply stated, non-inclusive programming is no longer considered the best practice, especially in programs that are in the realm of recreational activities and touch on the domain of social development (Guralnick, 2002). Moreover, in inclusive programs it is optimal to consider ways to support social relationships among children with and without disabilities. Specific ideas related to inclusive programming for Young Athletes can be found in Appendix O (Pg. 157).

*Ensure all programs receive and complete Registration Forms and receive information pertaining to the program by implementing a system-wide data-management system. This system should include guidelines that make funding of programs contingent on submission of required paperwork (e.g., Registration Forms, Young Athletes Surveys) and have staff dedicated to oversight and support of all program activities related to data collection and documentation.*

As Young Athletes interfaces more with the fields of special education, early childhood special education, and regular early childhood education, the notion of evidence-based practices becomes paramount. More and more, programs and services for young children (with or without disabilities) are required to demonstrate evidence of effectiveness. This has particular importance for Young Athletes as it has moved into school settings and has become the context for addressing IEP goals and objectives by special education teachers, adaptive PE teachers, and physical and occupational therapists. Evidence-based practice directly relates to the need for teachers in programs for children with disabilities to demonstrate the impact of program participation on children and families. As Young Athletes becomes a part of programs for young children with disabilities, documentation of its implementation and import is essential. Suggestions related to evidence-based practice can be found in Appendix P - Pg. 159.

## IV. ROMANIA

### A. Results

#### *Formative Evaluation Results*

Teachers provided information about their Young Athletes participants and about variations with regard to program features and structure. Their responses are summarized in the following section. Results are organized under the subheadings of Young Athletes Teachers, Young Athletes Participants, Models of Implementation, Structure, Program Features (Equipment, Activity Guide, DVD and Skill Progression Checklist), Challenges with Implementation, and Challenges for Families.

*Young Athletes Teachers.* Ten teachers from Romania participated in Young Athletes and the evaluation process, representing ten different classes from seven center- or school-based group sites in Alba-Iulia, Arad, Bailesti, Bucharest (3), Cluj-Napoca (2), Medias, and Targu-Mures. [Note: A group site is defined as the location of a Young Athletes program within a school or community setting attended by an intact group of multiple children at the same time.]

Ninety percent of classes were lead by were females of Romanian descent who had worked with Special Olympics for three years or less. In addition, most teachers were under the age of 30. Other than leading Young Athletes, teachers indicated that they had additional roles as SO coaches (40%) and volunteers (40%). Of the ten teachers, 70% indicated that their primary job was physical therapist.

Of the participating teachers in Romania, 10 of 11 teachers (91%) completed all of the surveys. The following is a summary of their responses on the Program Intake Form and Young Athletes Survey.

*Young Athletes Participants.* On the Program Intake Form, Romanian teachers indicated that they anticipated 89 participants; however the survey results indicate that they exceeded their expectations and actually reported 119 children. More boys (56%) than girls (44%) participated and most participants were seven years of age (39%) followed by children four years of age (17%) and six years of age (16%). There were very few children age two, three, or five.

Each country outside the U.S. was asked to identify the diversity represented by the participants from their country prior to the survey development. This information was incorporated into their country's Young Athletes Survey so that teachers could report this information. In Romania, children represented the following populations: Romanian (94%), Hungarian (1%), Roma (5%). The same procedure was utilized for identification of disabilities represented in each country. A list of disabilities commonly used in the U.S. to identify children between the ages of two and seven who have intellectual disabilities (such as intellectual disability, developmental delay) was sent to each country, where Young Athletes staff were asked if these terms or other terms were used in their country. The Young Athletes coordinator for Romania indicated that these categories correspond with the terminology used in Romania. The predominant diagnosis represented in children in Romania was intellectual disability (99%). The predominant secondary

diagnosis was communication disorder (100%), followed by physical impairments (80%), visual impairments (50%), hearing impairments (40%), and emotional disturbance (40%).

In addition to the registered participants, teachers reported that other children attended Young Athletes, including: siblings (50%), peers with disabilities (70%), and peers without disabilities (60%). In addition, 90% of the teachers reported that they expected parents to attend Young Athletes classes, and in fact 60% of parents attended all or most of the classes and most actively participated (50%). Eighty percent of teachers collected information on child attendance and in general, children attended all or most of the classes and actively participated in all or most of activities (reported by 100% of teachers on both).

*Models of Implementation.* Three distinct implementation models of the Young Athletes program are found worldwide: School-Based Group Programs, Community-Based Group Programs, and Individual Home Programs. Two of these models of implementation were represented Romania: Private School-Based (10%) and Community-Based Programs (70%). Two programs were part of a special kindergarten program. In addition, 80% of teachers indicated that their program was part of an existing class or program such as physical therapy (50%), special education or early intervention program (30%), or physical education, adapted physical education, or motor lab (20%).

*Structure.* Teachers were asked to describe how they structured Young Athletes and could check all activities that apply or add the unique activities used by their program. Many programs had similar patterns in structure such as a Welcoming Activity, Warm-Up Activity, Socialization Time, and Cool-Down Activities (See Table R1.) Most programs occurred once a week for 30-60 minutes sessions. Seventy percent of teachers had eight to thirteen children in each class, with one to twelve adults assisting the teacher, depending on the needs of the children. In addition to these standard program activities, two programs held meetings with parents on different subjects related to their child.

**Table R1. Structure of Young Athlete Programs**

<b>Class Structure</b>	<b>Reported Usage by Teachers</b>
Welcoming Activity for Children	70%
Welcoming Activity for Parents	40%
Warm-Up Activity for Children	100%
Cool-Down Activity for Children	80%
Social/Play Time for Children	90%
Family Time	30%
Drinks and Snacks	60%
Closing Activity for Children	60%
Closing Activity for Parents	40%

*Program Features.* The program features standard to all programs included the Kit of Equipment and the Activity Guide (including the Skill Progression Checklist and the DVD). Teachers were asked to provide feedback about each of these features. In the following section

we will review their responses regarding usage of the Young Athletes materials and comments about overall ease of implementation of the program.

**Equipment.** All programs made full use of all of the equipment with the exception of the blocks. Teachers reported that the primary reason for not using blocks was because the equipment was not included in the kits (100%). Thirty percent of programs indicated that paddles were not included and 60% of programs were missing scarves or slow motion balls in their kits. The primary reasons for substituting equipment were to increase the level of participation (60%) and to accommodate a child's skill levels (30%). Thirty percent of teachers indicated that the Kit of Equipment should be changed by adding new items.

**Activity Guide.** Teachers were asked to comment on how many of the activities were used from each skill area and to indicate the reasons activities were not used. The teachers could respond: all/most, some, or none. (See Table R2.) The predominant reason for not using all or most of the Young Athletes activities was related to difficulty because of children's disabilities, especially in the areas of advanced skills, striking, and balance and jumping.

**Table R2. Activity Usage**

<b>Skill Area</b>	<b>Percentage of Use (All/ Most )</b>
Foundational Skills	30%
Walk/Run Skills	50%
Balance/Jumping Skills	20%
Trapping/Catching Skills	60%
Throwing Skills	60%
Striking Skills	20%
Kicking Skills	50%
Advanced Skills	0%

Teachers used a variety of modifications to support children's participation in Young Athletes activities. All Romanian programs adjusted the pace and duration of activities and systematic use of prompts and praise to increase child participation. In addition, 70% of teachers had all children do the same activity at the same time and 60% employed the systematic use of tangible rewards. Two communication adaptations were employed: sign language (60%) and presentation of activities in multiple languages (40%). Teachers also reported the use of music within sports activities and simultaneous use of simulation (modeling) and verbal communication when leading children through the activities.

**DVD.** When asked to describe the kinds of training they received, 30% of teachers indicated that they had seen a demonstration, viewed the DVD (80%), or read the Activity Guide (90%). Romanian teachers had several recommendations to change the DVD for future Young Athletes programs, such as providing more examples of the games (or activities), increase the time dedicated to activities presented on the DVD, and translate the DVD into Romanian. Specific suggestions were, "provide more games to exemplify a skill area," "increase the amount of time dedicated to the activities that are presented on DVD," and "translate the DVD into Romanian."

Skill Progression Checklist. Teachers were asked to describe the methods they employed to measure child progress and were allowed to check all methods utilized. (See Table R3) The most common methods used to measure child progress were school-based tools (IEP, District Assessment Tools and Standards) (90%). While teachers recommended no change to the Skill Progression Checklist, the Checklist was not widely utilized for monitoring children's improvements.

**Table R3. Methods Employed to Measure Child Progress**

<b>Tool</b>	<b>Percentage Reported</b>
Record of Planned Activities	60%
Journal or Log of Progress	40%
YA Skill Progression Checklist	20%
IEP	60%
District Assessment Tool or Standards	30%
Other (Portfolio)	0%

*Program Challenges.* Three primary challenges reported by Romanian teachers were the attendance of children (70%), scheduling sessions (50%), and communicating with parents (50%).

In addition, teachers had several ideas about training needs, such as adding outdoor activities to the Activity Guide, a workshop for trainers and teachers from different national and international locations to share experiences, and more discussions with Young Athletes coordinators. They also requested more information specifically related to disabilities, such as how to better interact with children with disabilities. One teacher indicated that educational trips outside the city where Young Athletes takes place would also be beneficial to the program.

*Challenges for Families.* Teachers were asked if they were aware of any challenges faced by families while their child was participating in Young Athletes. All teachers reported that some families were having difficulty adjusting to having a child with a disability (reported by 100% of teachers) and knowing how to play/work with their child (100%). Moreover, teachers observed parents were having difficulty communicating with their child (90%) and talking about their child's needs (90%). In addition, one teacher added that families do not receive enough information from doctors (maternity ward or family doctor). It is notable that these were reported at high levels, which may correspond to the attendance of parents in the Young Athletes programs in Romania. In other words, teachers were afforded the opportunity to interact with and observe parents.

### ***Preliminary Summative Evaluation Results***

Teachers were also asked to describe child and family benefits associated with participation in Young Athletes. Their responses are organized into two subheadings: Early Evidence of Child Benefits and Early Evidence of Family Benefits.



*Early Evidence of Child Benefits.* Teachers were asked to indicate the level of improvement they saw in children *in general* in their Young Athletes class. They could respond: no improvement, little improvement, moderate amount of improvement, or a lot of improvement. Combined responses of “moderate or a lot of improvement” are represented in Table R4. It is notable that a high percentage of teachers reported gains in every developmental skill area. In addition, teachers provided specific examples of behaviors observed in children. (See Table R5.)

**Table R4. Gains in children reported by teachers**

Developmental Skill Area	Percentage Gain Reported
Motor	90%
Social	80%
Communication	90%
Adaptive Behavior	80%
Cognitive	80%

When asked about carry-over (or generalization) of skills or behaviors, 60% of teachers reported carry-over of skills and behaviors from participation in the Young Athletes program. Their response reflected generalization of skills primarily in the motor domain and some in the social, communication, and adaptive behavior domains. Specific response included, “Catching objects, jumps, climbing stairs, the increase of attention and communication level;” “the walk on the beam helps the child to follow the edge of the side-walk. Also, the children get used to play the scarf games at home as well;” “Ability to concentrate, climbing/getting down stairs and attention.” Other benefits associated with participation in Young Athletes included children having fun with peers (100%), opportunities to address IEP goals (70%), and teacher’s raised expectation of children (40%).

When asked what they believed was the most important child benefit, teachers provided responses that reflected a wide range of child and family benefits. Their responses included the following: “acquiring the balance and striking abilities;” “raising the parent’s trust about their child’s abilities;” “increasing the level of communication, attention, and motor abilities;” “relationship building and socialization;” “the interactions between children with disabilities, the joy of playing together, the close relationship formed between children but also between parents in sports activities using musical background;” “the most important benefit is that the children learned a lot of things, including playing much better together;” “the parent learned to play with his child and to accept the situation;” “communication and attention was improved;” “the program facilitates the parent-child relationship and very important-the rise of the parent’s respect regarding their children.”

*Early Evidence of Family Benefits.* Teachers reported several family benefits associated with Young Athletes participation. These included: parent’s enjoying watching their children participate in Young Athletes (100%), parents receiving information related to their child’s disability (60%), parents learning new ways to work with their child (90%), parents getting support through networking with other families (40%), and parents raising their expectation about their children (70%). It is notable that these were reported at high levels, which may

correspond to the attendance of parents in the Young Athletes programs in Romania. In other words, teachers were afforded the opportunity to interact with and observe parents.

**Table R5. Teachers' Observations of child gains**

Domain	Teacher Observations
Motor Development	<ul style="list-style-type: none"> <li>- A lot of children learned to play with the ball</li> <li>- Balance and coordination skills, walking and running, jumping</li> <li>- Balance and walking are significantly improved</li> <li>- Increase in motor abilities</li> <li>- The increase of the spatial orientation ability during sports activities.</li> <li>- The development of basic motor abilities, the diminishing of psycho-motor instability</li> </ul>
Social and Emotional Development	<ul style="list-style-type: none"> <li>- After taking part in the activities, a child who was very shy became more open to the other children and adults</li> <li>- The development of the ability to interact with their own parents, with other children and their parents.</li> <li>- Interaction with other children</li> </ul>
Adaptive Behavior Development	<ul style="list-style-type: none"> <li>- The increase of attention and concentration.</li> <li>- The children take part in (the activities) and interact during all Young Athletes activities, they are able to guess the next activity only by seeing the appropriate material</li> <li>- The stimulation of spontaneous performances.</li> </ul>
Communication Development	<ul style="list-style-type: none"> <li>- The increase of verbal imitation ability</li> </ul>

In summary, there are many aspects of the program in Romania that are similar to other Young Athletes programs. Like other programs, boys outnumber girls and all children have a diagnosis of intellectual disability. In addition, most children have physical and communication disabilities as secondary diagnoses. Like other programs, most of the teachers are women with experience working with children with disabilities in other roles, such as a physical therapist, and these teachers reported wide use of the activities, DVD, and equipment, and limited use of the Skill Progression Checklist. They primarily used school-based instruments (e.g., IEP and district assessment tools) to measure child progress. When asked to describe gains seen in children in their classes *in general*, teachers reported high levels of gains in all developmental areas as well as generalization of skills. Teacher also provided valuable feedback about their training needs and family needs, as well as suggestions for improving the DVD, activity guide, and equipment that are consistent with suggestions from other programs.

There are unique aspects of the Romanian program that distinguish it from other programs, including a higher level of documentation of what occurs in Romanian programs (with 91% of the teachers returning completed surveys and 80% of teachers recording program attendance). Another distinction in Romania is that many teachers (90%) expected parents to attend and 60% reported actual parent attendance. In addition, siblings and peers with and without disabilities also attended Young Athletes. Teachers provided much more information on challenges faced by families as well as family benefits associated with Young Athletes participation when compared to other programs.

## **B. Recommendations**

*Ensure that all programs globally have full access to features of the program to enable implementation with the same level of quality and consistency.*

Any program that does not use English as its first language should have the materials (Activity Guide and DVD) translated into the native language to ensure quality and equal access to all program features. In addition, better documentation and follow-up of the Kit of Equipment would ensure that all of the kit items arrive. (Romania reported missing items and difficulties related to the DVD due to translation issues.) Both of these are attainable improvements that would better support program implementation.

*Explore ways to support global sharing of unique program strengths that have the potential to strengthen all programs.*

It is clear that the programs in Romania found ways to get parents more involved in Young Athletes. The fact that parents attended the sessions may account for the high percentage of teachers who were aware of family challenges and benefits. This was notably different from other countries where parents were not in attendance (United States) or attended less frequently (Israel). This contact with parents allowed teachers to support and connect parents to other resources. In addition, the high return rate of the surveys and other documentation (such as attendance records) are strengths of this program that are consistent with evidence-based practice. Lastly, their inclusion of peers with and without disabilities and siblings is an example of a more inclusive program. Collectively, these notable differences provide direction for future Young Athletes programs to a) expand the materials to include ways to support families and increase family involvement, b) create documentation standards and hold programs accountable for documentation requirements, and c) explore ways to involve other children supporting inclusive programs. Young Athletes should find ways to share these unique program strengths and replicate them to strengthen other programs.

*Explore the opportunity to be a global model of best practices in early childhood special education.*

Young Athletes has the opportunity to lead the way as a global example of best practices in recreational programs for young children with disabilities. If standards of Recommended Practices as defined by the Council for Exceptional Children's Division of Early Childhood (DEC) were used to shape programs, Young Athletes could have a global impact on the lives of children with disabilities by demonstrating models of best practices for evidence-based, inclusive, family-centered programs that reflect the unique culture of each country and region where the program is located. In addition, Young Athletes would have an impact on the global community by providing examples from around the world of how these ideals are translated into real programs. Ideas of first steps in this direction are provided in Appendix Q (Pg. 146).

## V. ISRAEL

### A. Results

#### *Formative Evaluation Results*

Teachers provided information about their Young Athletes participants and about variations with regard to program features and structure. Their responses are summarized in the following section and results are organized under the subheadings of Young Athletes Teachers, Young Athletes Participants, Models of Implementation, Structure, Program Features (Equipment, Activity Guide, DVD and Skill Progression Checklist), Challenges with Implementation, and Challenges for Families.

*Young Athletes Teachers.* Eight teachers from Israel implemented Young Athletes programs and participated in the evaluation process. They represented ten Young Athletes classes in Israel in Beer-Sheeva, Jaffa, Jerusalem, and Kiryat Shmona. [Note: A class is defined as the individual classes (or sessions) that are offered at a regularly set time.]

Of the eight participating teachers, gender was equally represented (half male, half female). Sixty percent of teachers were between the age of 30-39 and had worked with SO for less than one year. The following groups of diversity were represented in teachers: Israeli Jew (70%), Ethiopian Jew (10%). Other than leading Young Athletes, teachers indicated that they had additional roles as special education teachers (10%), regular physical education teachers (50%), teacher's assistants (10%), SO coaches (30%), and parents of an athlete (50%).

All participating teachers completed the surveys; the response rate was 100%. The following is a summary of their responses on the Program Intake Form and Young Athletes Survey.

*Young Athletes Participants.* On the Program Intake Form, Israel anticipated having 83 participants. However, the survey results indicate that they exceeded their expectations and actually reported 96 participants. More boys (69%) than girls (31%) participated in Young Athletes. In addition, 89% of participants were between five and seven years of age with the following age break down: six years of age (47%); five years of age (28%); seven years of age (14%). There were very few four-year-old children, and no children between the ages of two and three.

Each country outside of the U.S. was asked to identify the diversity represented by the participants from their country prior to the survey development. This information was incorporated into their country's Young Athletes Survey so teachers could report this information. In Israel, children represented the following populations: Israeli Jew (66%), Moslem Arab (27%), Christian Arab (2%), and Other (3%). The same procedure was utilized for identification of disabilities represented in each country. A list of disabilities, commonly used in the U.S. to identify children between the ages of two and seven who have intellectual disabilities, was sent to each country. They were asked if these or other terms were used in their country. The Young Athletes coordinator for Israel indicated that the categories on this list (such as intellectual disability, developmental delay) correspond with the terminology used in Israel. The

predominant diagnosis represented in children from Israel was intellectual disability (80%) followed by developmental delay (10%), and autism (10%). The predominant secondary diagnosis was physical disability (35%).

In addition to the registered participants, teachers reported that no other individuals attended Young Athletes classes (e.g., siblings, peers with disabilities, peers without disabilities). However, 60% of programs reported that parents did attend most or some of the Young Athletes sessions. (Note: The fact that half of the teachers were parents of participants may have contributed to the high level of parent participation in the programs in Israel.) When asked about the level of child and parent attendance, most programs indicated that they did not collect information on attendance. However, all programs reported that, in general, children attended all or most of the Young Athletes classes and reported that children actively participated in all or most of activities (100%).

*Models of Implementation.* Three distinct models of implementation of the Young Athletes program were found worldwide: School-Based Group Programs, Community-Based Group Programs, and Individual Home Programs. Two of these models of implementation were reported in Israel: School-Based Group Programs and Community-Based Group Programs. All programs occurred within a group setting (two in public schools and five in community-based tennis centers) where a group site is defined as a Young Athletes program within a school- or community-based setting attended by an intact group of multiple children at the same time. In addition, 40% of teachers indicated that their program was a part of an existing physical education class.

*Structure.* Teachers were asked to describe how they structured Young Athletes classes (See Table I1.). Most programs in Israel had similar patterns in structure that included Welcoming, Warm-Up, Socialization Time, and Cool-Down. While parents attended Young Athletes classes, there were no designated activities for families or parents. This may reflect the fact that most teachers were also parents of participants.

Most Young Athletes programs occurred once a week for 30-60 minutes sessions with seven to nine children in each class. Most classes were implemented by two adults, depending on the age and functioning level of the children.

**Table I1. Structure of Young Athlete Programs**

<b>Class Structure</b>	<b>Reported Usage by Teachers</b>
Welcoming Activity for Children	100%
Welcoming Activity for Parents	0%
Warm-Up Activity for Children	100%
Cool-Down Activity for Children	100%
Social/Play Time for Children	100%
Family Time	0%
Drinks and Snacks	0%
Closing Activity for Children	100%
Closing Activity for Parents	0%

*Program Features.* The program features standard to all programs included the Kit of Equipment and the Activity Guide (including the Skill Progression Checklist and the DVD). Teachers were asked to provide feedback about each of these features. In the following section we will review their responses regarding usage of the Young Athletes materials and comments about overall ease of implementation of the program.

Equipment. Most teachers used the Kit of Equipment: Balance Beam (100%), Large Beach Ball (80%), Bean Bags (100%), Cones (90%), Large Blocks (60%), Dowels (30%), Floor Markers (40%), Hoops (100%), Paddles (20%), Scarves (60%), Slow Motion (Gertie) Ball (40%), and Small Foam Balls (100%). Teachers reported that the primary reasons for not using equipment was because it was not needed (reported by two programs for dowels) or because the equipment was not included in the kits. For example, 30% of programs indicated that paddles were not included and 60% of teachers indicated that the scarves or slow motion balls were missing from their kits. Reasons given for substituting equipment were to increase level of participation (50%), not enough equipment in kit (30%), to accommodate child's skill levels (20%), or equipment did not match activity (20%). Forty percent of teachers recommended changing the Kit of Equipment by adding more equipment items.

Activity Guide. Teachers were asked to comment on how many of the activities were used from each skill area and to indicate the reasons activities were not used. The teachers could respond: all/most, some, or none. (See Table I2.) The only reason cited by teachers for non-use of an activity was related to difficulty because of child's disability. This may be attributed to the fact that teachers reported the predominant secondary disability was physical disability. However, because teachers did not elaborate on this response, it is difficult to speculate about the specific factors associated with their response.

**Table I2. Activity Usage**

<b>Skill Area</b>	<b>Percentage of Use (All/ Most )</b>
Foundational Skills	10%
Walk/Run Skills	40%
Balance/Jumping Skills	10%
Trapping/Catching Skills	30%
Throwing Skills	20%
Striking Skills	20%
Kicking Skills	20%
Advanced Skills	10%

Teachers used a variety of modifications to support children's participation in the activities. All programs adjusted the pace and duration of activities and had all children do all activities simultaneously. In addition, a large percentage of teachers created lesson plans to accompany the Activity Guide (90%) and used systematic use of praise and prompts to support child participation (70%). Two communication adaptations were employed by teachers: sign language (40%) and presentation of activities in multiple languages (40%).

DVD. When asked to describe the kinds of training they received, 30% of teachers indicated they had seen a demonstration, viewed the DVD (40%), or read the Activity Guide (80%). They suggested additional training was needed for “the program and time to meet the families, seminars on how to work with the children, and a course about children with cerebral palsy and other challenged children.” A small percentage of teachers recommended changing the DVD, but no specific suggestions were provided as to why or what changes were needed.

Skill Progression Checklist. Teachers were asked to describe methods they employed to measure child progress and were allowed to check all methods utilized. (See Table I3.) The most common methods used to measure child progress were school based tools (Individualized Education Plans, District Assessment Tools and Standards) (80%). It is notable that the Young Athletes Skill Progression Checklist was not used at all for monitoring children’s improvements.

**Table I3. Methods Employed to Measure Child Progress**

<b>Tool Used</b>	<b>Percentage Reported</b>
District Assessment Tool or Standards	60%
IEP	20%
Record of Planned Activities	10%
Journal or Log of Progress	0%
YA Skill Progression Checklist	0%
Other (Portfolio)	0%

*Program Challenges*. When asked to describe the challenges faced when implementing Young Athletes, relatively few programs reported challenges (below 20%). The only issue mentioned by teachers (40%) was difficulty understanding other languages (e.g., Arabic). Forty percent recommended changing the Activity Guide because “the activities do not always fit the children” and suggested that “more compatible games and activities” and “working with kids who speak the same language” are needed improvements for future Young Athletes programs.

*Challenges for Families*. Teachers were asked if they were aware of any challenges faced by families of the participants. Only 10 % of teachers reported challenges with adjusting to having a child with a disability, allowing their child to participate, and difficulty communicating with their child.

### ***Preliminary Summative Evaluation Results***

Teachers were also asked to describe child and family benefits associated with participation in Young Athletes. Their responses are organized into two subheadings: Early Evidence of Child Benefits and Early Evidence of Family Benefits.

*Early Evidence of Child Benefits*. Teachers were asked to indicate the level of improvement they saw in children *in general* in their Young Athletes class. They could respond: no improvement, little improvement, moderate amount of improvement, or a lot of improvement. The percentages in Table I4 represent the combined responses for “a moderate or lot of improvement.” Note the

high percentage of reported improvements across the domains in almost every area, with the exception of adaptive behaviors. Specific examples of changes they observed are described in Table I5.

**Table I4. Gains in Children Reported by Teachers**

Developmental Skill Area	Percentage Gain Reported
Communication	90%
Motor	80%
Social	80%
Adaptive Behavior	30%
Cognitive	60%

When asked about carry over of any skills or behaviors, three teachers reported carry-over (generalization of skill learned in Young Athletes) such as catching and throwing. “Most could not throw or catch at the beginning. Now they can.” Other benefits noted by teachers included children having fun with peers (60%), teacher’s raised expectations of children’s capabilities (50%), and opportunities for volunteerism (50%). Examples of other benefits were, “I think it helped the children in their overall feeling of belonging to a group, especially when they got the shirts from the Israel Tennis Center. They had a lot of motivation to face new challenges.” Other comments included the following, “Improvement in cognitive skills, motor skills, social and emotional improvement, self-confidence, joy, coordination improvement;” “(Young Athletes was) something different, striving for different things, working with different populations;” and “They were very happy (had fun) and they wanted to come here all the time to play with us and learn new games.”

When asked what they believed was the most important child benefit, only one teacher responded: “They feel like they have won a prize every time they participate in the program lessons. The activities contribute to their positive self-confidence. They enjoy and look forward to the lessons.”

*Early Evidence of Family Benefits.* No family benefits associated with Young Athletes participation were reported by teachers. This is a particularly interesting finding given that teachers reported that 60% of classes had parental participation.

In summary, there are many aspects of the program in Israel that are similar to other Young Athletes programs. More boys participated in the program than girls, and most children have a diagnosis of intellectual disability (the predominant secondary disability was physical disabilities). The Young Athletes programs across Israel were similar in structure and accommodations (e.g., adjusting pace and duration of activities, systematic use of praise and prompts, use of multiple and/or alternative communication such as sign language and multi-lingual presentation of activities) were used to increase child participation. In addition, like other programs, most of the teachers are women who are relatively new in their work with Special Olympics. When asked to describe gains seen in children in their classes *in general*, a high percentage of teachers reported gains in four of five developmental domains (motor,



**Table I5. Teacher observations of child gains**

Domain	Teacher Observation
Motor Development	<ul style="list-style-type: none"> <li>- One boy didn't succeed to kick the ball and now he does.</li> </ul>
Social and Emotional Development	<ul style="list-style-type: none"> <li>- One girl didn't like boys and now she does</li> <li>- One boy relates better socially now than at the beginning.</li> <li>- They improved their skills of working together.</li> <li>- One boy became more social</li> <li>- They improved their skills of working together.</li> </ul>
Adaptive Behavior Development	<ul style="list-style-type: none"> <li>- One girl didn't participate at all - now she does</li> <li>- Another girl didn't participate at the beginning and now she has become more and more involved.</li> <li>- One boy did not have self control in the activities like standing in line without pushing.</li> <li>- During the lesson they make an effort to concentrate and listen to the instructions given.</li> <li>- The children learned to arrive to the lesson in an orderly manner. They came more ready and organized to the class.</li> <li>- They helped set up and put away materials.</li> </ul>
Communication Development	<ul style="list-style-type: none"> <li>- He speaks all the time with his friends in the group.</li> <li>- They communicate very well.</li> </ul>

communication, cognitive, social) as well as generalization of skills. Like other programs, they did not use the Skill Progression Checklist, with most teachers (80%) using school-based assessment tools to monitor progress. Teacher also provided valuable feedback about their training needs as well as suggestions for improving the DVD, activity guide, and equipment that are consistent with suggestions from other programs.

There are unique aspects of Young Athletes in Israel that distinguish it from other programs. All programs in Israel were group sites located in schools or community settings, with most in community-based Tennis Centers. Seventy-five percent of the children were five- and six-year-olds. Other distinct characteristics of programs in Israel are that 50% of the teachers were also parents of participants, with a background in physical education, and 40 % of teachers reported that their Young Athletes program was a part of an existing physical education program. Unlike other programs, teachers reported limited usage of the activities in the Activity Guide, indicating that the activities were too difficult because of the child's disability. It is also notable that relatively few teachers reported gains in adaptive behavior. The fact that more than one-third of the children have a physical disability may in part explain these challenges. It may also relate to the need to develop additional materials, as 90% of teachers developed their own lesson plans to accompany the Activity Guide. Another distinction in Israel is that no family benefits were reported. The teachers suggested training needs related to providing time to meet and work more closely with families.

## **B. Recommendations**

*Ensure that all programs globally have full access to features of the program to enable implementation with the same level of quality and consistency.*

While relatively few implementation challenges were reported, some teachers did note several issues that could be addressed. They expressed the need for translation when working with children with linguistic differences. They also indicated that non-usage of equipment was related to not receiving equipment or not receiving enough items. They also indicated that some activities did not “fit the needs of children.” In addition, almost all teachers reported that they developed lesson plans to accompany the Activity Guide, with some mentioning the need for more games and activities for use with children with greater challenges. All of these challenges are consistently expressed across other programs and warrant attention for the success of future programs.

*Explore ways to support families in each program in ways that reflect the unique cultural and programmatic needs.*

Very few family challenges were reported, and no family benefits were reported. This is a particularly interesting finding given the number of teachers who were parents of children in the program. At the same time, teachers expressed the need for time to meet and work with families. As with other countries, there is a need to determine ways to improve responsiveness to families in Israel.

*Young Athletes would benefit from global sharing of unique program strengths that have the potential to strengthen all programs.*

The collective expertise of teachers with backgrounds and/or experience in physical education, special education, Special Olympics, and possessing knowledge that comes from parenting a child with a disability was notable. Moreover, 90% of teachers reported that they developed lessons to accompany the Activity Guide. All Young Athletes programs could benefit from a gathering of lessons related to each Skill Area within the Activity Guide as a way to globally share and strengthen all programs. It might also facilitate cross-cultural representation in the content of activities and games.

*If an evaluation of child impact is replicated, Young Athletes should examine tools to ensure that all respondents possess a shared understanding of terminology across sites with cultural and linguistic differences.*

A high percentage of teachers reported seeing gains across all developmental domains, with the exception of adaptive behaviors. However, most of their specific examples of observed changes were in the area of adaptive skill behavior. This leads one to speculate that perhaps the Young Athletes definition of adaptive behavior differs from the teachers’ definition, and therefore their response may be a function of miscommunication. To avoid future misunderstanding, careful attention should be given to creating a shared definition of critical evaluation terminology, such as the scope of each developmental domain.

## VI. LATIN AMERICA

### A. Results

#### *Formative Evaluation Results*

Teachers provided information about their Young Athletes participants and about variations with regard to program features and structure. Their responses are summarized in the following section. Results are organized under the subheadings of Young Athletes Teachers, Young Athletes Participants, Models of Implementation, Structure, Program Features (Equipment, Activity Guide, DVD and Skill Progression Checklist), Challenges with Implementation, and Challenges for Families. For the purpose of the evaluation report, the figures for each country are collapsed across Venezuela, Chile, Panama, and Paraguay.

*Young Athlete Teachers.* Sixteen teachers from Latin America participated in the Young Athlete evaluation process representing programs in the following countries Chile (5), Paraguay (6), Venezuela (4), and Panama (1). Half of the teachers in Latin America had worked with Special Olympics for less than one year and most of the teachers (75%) are under 40 years of age and female (56%). Other than leading Young Athletes, half of the teachers indicated they were volunteers with Special Olympics and their additional roles included physical education teacher (31%), physical therapist (25%), adapted PE teacher (13%) or special education teacher (13%). In addition, a small number of teachers were students studying to become physical therapist.

*Young Athlete Participants.* Prior to starting the Young Athletes programs, teachers from the Latin America region indicated on the Program Intake Forms that they expected 400 participants across the four countries. The survey results represent 249 children between the ages of 3 and 7. Boys (60%) outnumbered girls (40%) as participants and the age of the children varied: age 3 (6%), age 4 (13%), age 5 (33%), age 6 (23%), age 7 (25%).

Each country outside the U.S. was asked to identify the diversity represented by the participants from their country prior to the survey development. This information was incorporated into their country's Young Athletes Survey so that teachers could report this information. Categories provided by the SO Latin American coordinators were Aimara, Inca, Mapuche, Guarani, and Maya. However, teachers indicated that children represented Native-Americans (22%), non-Native-American (38%) and other (40%). Because teachers' responses did not correspond with the pre-identified categories, it is possible that the pre-identified categories did not match (correspond) with the diversity represented in the region.

The same procedure was utilized for identification of disabilities represented in each country. A list of disabilities commonly used in the U.S. to identify children between the ages of two and seven who have intellectual disabilities (such as intellectual disability, developmental delay) was sent to each country, where Young Athletes staff were asked if these terms or other terms were used in their country. The Young Athletes coordinator for Latin America indicated that these categories correspond with the terminology used in the Latin American region. The predominant diagnosis represented in children in Latin America was intellectual disability (78%) followed by developmental delay (22%). An additional 5% were identified as having autism, which may indicate a dual diagnosis of ID and ASD. The predominant secondary diagnosis was visual impairments (43%), followed by physical impairments (31%), communication disorders (31%), hearing impairments (25%), and emotional disturbance (19%).

In addition to the registered participants, teachers reported that other children attended Young Athletes, including: siblings (25%), peers with disabilities (25%), and peers without disabilities (6%). In addition, 63% of teachers reported that they expected parents to attend Young Athletes classes, and 44% of teachers indicated that parents attended all or most of the classes and some parents participated in the activities when they attended (31%). Most teachers (81%) collected information on child attendance and in general, most children (69%) attended all or most of the classes (reported by 69% of teachers).

*Models of Implementation.* Three distinct implementation models of the Young Athletes program are found worldwide: School-Based Group Programs, Community-Based Group Programs, and Individual Home Programs. Teachers in Latin America reported that 69% of the programs were school-based programs (31% public schools, 38% private schools). The remaining programs (31%) took place in community based programs such as community child care centers and the Red Cross. None of the programs were based in the home.

*Structure.* Teachers were asked to describe how they structured Young Athletes.. Many programs had similar patterns in structure such as a Welcoming Activity, Warm-Up Activity, Socialization Time, and Cool-Down activities (See Table LA1.) In addition to these standard program activities, 19% of teachers indicated that they incorporated some form of dance or dance recreation in the program using music, musical instruments, and whistles. Most programs (81%) occurred once a week for 30-60 minutes sessions with 13-15 children in a session. In each class, there were between two and seven adults assisting the teacher, depending on the needs of the children.

*Program Features.* The program features standard to all programs included the Kit of Equipment and the Activity Guide (including the Skill Progression Checklist and the DVD). Teachers were asked to provide feedback about each of these features. In the following section we will review their responses regarding usage of the Young Athletes materials and comments about overall ease of implementation of the program.

Equipment. Most teachers used the Kit of Equipment: Balance Beam (100%), Large Beach Ball (80%), Bean Bags (94%), Cones (100%), Large Blocks (94%), Dowels (75%), Floor Markers (100%), Hoops (100%), Paddles (75%), Scarves (100%), Slow Motion (Gertie) Ball (100%), and small foam balls (94%). The primary reasons for substituting equipment were to increase level of participation (25%), to accommodate child's skill levels (50%) Twenty-five percent of teachers recommended adding a leather ball or soccer ball, as the balls from the Equipment Kit were too soft. In addition, half of the teachers recommended changing the equipment kits with the following suggestions "Add balance bank with objects of different textures (relief soft, hard, etc.); add leather balls; add more elements (variety and quantity); music and musical instruments."

Activity Guide. Teachers were asked to comment on how many of the activities were used from each skill area and to indicate the reasons activities were not used. The teachers could respond: all/most, some, or none. (See Table LA2.) The two primary reasons for non-use of activities were challenges related to the child's disability or age. Advanced skills were the most difficult for teachers to implement because of children's disability. This may be attributed to the fact that teachers reported the predominant secondary disability was visual impairment (44%) and

physical /motor impairment (31%). However, because teachers did not elaborate on this response, it is difficult to speculate about the specific factors associated with their response.

**Table LA1. Structure of Young Athlete Programs**

<b>Class Structure</b>	<b>Reported Usage by Teachers</b>
Welcoming Activity for Children	81%
Welcoming Activity for Parents	6%
Warm-Up Activity for Children	94%
Cool-Down Activity for Children	69%
Social/Play Time for Children	69%
Family Time	25%
Drinks and Snacks	0%
Closing Activity for Children	94%
Closing Activity for Parents	6%

**Table LA2. Activity Usage**

<b>Skill Area</b>	<b>Percentage of Use (All/ Most )</b>	<b>Reasons for Non-Use Related to Child's</b>	
		<b>Disability</b>	<b>Age</b>
Foundational Skills	81%	19%	
Walk/Run Skills	81%	13%	13%
Balance/Jumping Skills	56%	31%	25%
Trapping/Catching Skills	81%	13%	
Throwing Skills	81%	19%	13%
Striking Skills	56%	31%	31%
Kicking Skills	69%	25%	25%
Advanced Skills	38%	50%	31%

Teachers used a variety of modifications to support children's participation in the activities such as adjusting the pace and duration of activities (75%), having all children do all activities simultaneously (75%), creating additional lesson plans to accompany the Activity Guide (50%), adding components to existing equipment (tactile, visual, auditory) (63%), and using systematic praise and prompts to support child participation (100%). In addition dance, music, and musical instruments were added to the program by 25% of the teachers. Forty-four percent of teachers recommended changing the Activity Guide. Specific suggestions they had were: "add more specific information and activities for children of different ages, add pictures to better illustrate the activities, add more activities within each skill area, divide the activities within each skill areas by age."

DVD. A large percentage of teachers (75%) used the DVD as a part of their training and had specific recommendations about the need to change the DVD (75%). Suggestions for changes included: "Add more real images, Show more realistic programs. The video shows 2 persons by a child." (This is not viewed as realistic.) "Show more and explain more of how to do the activities with the children." In addition 57% of the teachers indicated that the DVD needs to be translated into Spanish.

Skill Progression Checklist. Teachers were asked to describe methods they employed to measure child progress and were allowed to check all methods utilized. (See Table LA3.) The most common methods used to measure child progress were the Skill Progression Checklist (56%) and the Record of Planned Activities (50%). Those teachers who used the Skill Progression Checklist recommended keeping it the same (75%).

**Table LA3. Methods Employed to Measure Child Progress**

Method Used	Percentage Reported
YA Skill Progression Checklist	56%
Record of Planned Activities	50%
IEP	13%
District Assessment Tool or Standards	6%
Other (Direct Observation)	6%
Journal or Log of Progress	0%

*Program Challenges.* When asked to describe the challenges faced when implementing Young Athletes, teachers indicated problems with attendance of children and parents (44%) and communication with parents/guardians (44%). Other challenges were cited by 25% of the teachers included, “difficulty in managing the behaviors of groups of children because of lack of training in this area, lack of support and direct supervision in the implementation of the program, interruptions from parents during the programs due to apprehension on part of parents.”

When asked to describe the kinds of training they received, teachers indicated they had seen a demonstration (6%), viewed the DVD (75%), or read the Activity Guide (81%). In addition, a few teachers indicated that they received other training through the adapted physical education program at their school, visited the Special Olympics Web page for more information and attended a workshop provided by the Program Director. Many suggestions to address training needs were provided and can be found in Table LA4. In addition, teachers had many good suggestions for improving the Young Athletes program. Their responses included adding music elements to the activities, differentiated activities for children of different ages and more activities and information for families. “Add more music and dance to the program,” “add more activities separated according to the age of children because children 7 years of age cannot do the same activities as children 3 years of age,” “add more activities, small competitions, and brochure with exercises,” “have a person from Special Olympics at least attend the first class,” “provide trainer teams that pair teachers with teacher of physical education,” “work within sports facilities so that children can internalize body work and skills,” and “permit (support) the exchange of experiences in the implementation of this program.”

*Challenges for Families.* Forty-four percent of teachers reported that they were aware of challenges faced by families of the participants such as difficulty adjusting to having a child with a disability (44%), not knowing how to play and work with their child (50%), and difficulty communicating with their child or talking about their child’s needs (19%).

### ***Preliminary Summative Evaluation Results***

Teachers were asked to describe child and family benefits associated with participation in Young Athletes. Their responses are organized into two subheadings: Early Evidence of Child Benefits and Early Evidence of Family Benefits.

**Table LA4. Additional Training Needs**

A regional training seminar to meet other persons involved in the implementation and to share ideas and techniques
A training seminar before implementation for people to know the program better
Need to develop the capacity for group (classroom) management
We need to develop more (better) relationship between the child and the trainer and need examples of how to motivate child with each activity
Training about managing the group and assistance to other YA programs
Training seminar to implement the YA program
Workshop related to recreation, special education and psychomotor development
Workshop/training with attention to special needs children

*Early Evidence of Child Benefits.* Teachers were asked to indicate the level of improvement they saw in children *in general* in their Young Athletes class. They could respond: no improvement, little improvement, moderate amount of improvement, or a lot of improvement. The percentages in Table LA5 represent the combined responses for “a moderate or lot of improvement.” It is notable that the highest percentages of reported improvements across the domains are in social and adaptive skill areas. Specific examples of changes they observed are described in Table LA6.

When asked about carry over of any skills or behaviors, 44% of teachers reported observations of carry-over (generalization of skill learned in Young Athletes) such as catching and throwing. The following quotes represent specific examples of skill generalization reported by teachers: “Better body stability, agility and independence in their home,” “Improved skill for going up and down stairs”, “Better social interaction with others,” Improved social skills,” “less aggression in the class.” Other observations included, “we reach better discipline, (they are) better able to go up ramps, stairs and walk (in general).” One teacher saw opportunities to support carry-over

**Table LA5. Gains in Children Reported by Teachers**

Developmental Skill Area	Percentage Gain Reported
Social	94%
Adaptive Behavior	81%
Cognitive	63%
Motor	63%
Communication	50%

with parents and with the SO organization: “Parents go with their child and participate, and receive support from the Family Committee. The organization has small competitions, give ribbons and exercise guides for parents to do training.” Other benefits noted by teachers included children having fun with peers (75%), “learning to play without restrictions,” and “more trust in children.” In addition, teachers had many ideas as to what they considered to be the most important benefit associated with Young Athletes. Their responses are presented in Table LA7.

**Table LA6. Teachers' Observations of Child Gains**

Domain	Teacher Observation
Motor Development	<ul style="list-style-type: none"> <li>- Before the start of the program some of these children could not run. After classes started they improved (in running).</li> <li>- Better laterality and better motor coordination</li> <li>- Improved eye-hand coordination</li> <li>- In running and jumping, they demonstrate more technical (skills)</li> <li>- The show improvements on the balance beam.</li> </ul>
Social and Emotional Development	<ul style="list-style-type: none"> <li>- A big (improvement of) sociability in general between the children and support of "normal" peers to reach goals</li> <li>- Improved interaction between children</li> <li>- Improved social interaction between partners</li> <li>- Improved social relationships between others</li> <li>- We reached integration, social change in their own groups</li> </ul>
Adaptive Behavior Development	<ul style="list-style-type: none"> <li>- Improved in follow instructions</li> <li>- Improved in waiting their turn</li> <li>- They are more tolerant with frustrations</li> <li>- They are more obedient</li> <li>- At the end of each session children enthusiastically help put the used materials in order (away)</li> </ul>
Cognitive Development	<ul style="list-style-type: none"> <li>- Improved attention</li> <li>- More concentration</li> <li>- More interest in learning the skill</li> <li>- Improvement in the knowledge of colors and concepts</li> </ul>

*Early Evidence of Family Benefits.* Half of the teachers in Latin America reported family benefits associated with Young Athletes participation such as: parents receiving information related to their child's disability, parents learning, parents learning new ways to work with their child, raised parental expectation of child's abilities, and getting support through networking with other families. This is a particularly interesting finding given that teachers reported that 63% of teachers expected parents to attend and that only 44% reported that parents actually attended Young Athletes with their child.

In summary, many aspects of the program in Latin America are similar to other Young Athletes programs. More boys participated in the program than girls, and most children have a diagnosis of intellectual disability (with the predominant secondary disability of visual impairments). The Young Athletes programs across Latin America were similar in structure and accommodations (e.g., adjusting pace and duration of activities, systematic use of praise and prompts) were used to increase child participation. When asked to describe gains seen in children in their classes *in general*, a high percentage of teachers reported gains in two of five developmental domains (social and adaptive behaviors) as well as generalization of skills. In addition, there are unique aspects of the Latin American Young Athlete programs that distinguish it from other programs.

Most programs in Latin America were group sites located in schools and most children were five, six, and seven years of age. Unlike other programs, a little more than half of the teachers in Latin America used the Skill Progression Checklist to measure progress. Unlike other programs, teachers reported no use of alternative communication (such as sign language) or need multiple language presentation of the materials. Teachers provided many specific ideas about their training needs as well as unique suggestions for improving the DVD, activity guide, and



equipment (adding music and dance to activities or different activities for children of different ages).

**Table LA7. Most Important Benefit**

1.	Provides a real comprehension about the need of each child and their potential from the parents
2.	Provides opportunities for children's enjoyment (of the activities) and opportunity to learn to express self through play.
3.	Develops of psychomotor skills
4.	Improves social abilities and self discover
5.	Develops of more trust in themselves
6.	Improves eye-hand coordination
7.	Develops skills that directly help (improve) personal independence
8.	Develops social skills, early stimulation and answers for parents
9.	Develops socialization that prepares them to be future athletes because we show the possibilities and discover the abilities
10.	Supports better interaction between children, wakes up interest in children
11.	Provides opportunities to share with other children, aside form the usual times, in a recreational class at the preschool level
12.	Provides recreational space to develop physical and social skills
13.	Permits children and teachers to have a be conscious about (aware that) sports activity is not only play, it is (takes) work with commitment, effort and perseverance to reach good results

## **B. Recommendations**

*Ensure that all programs have full access to features of the program by providing translation of all materials.*

Teachers indicated that all written and spoken materials (DVD, Activity Guide) need to be translated to maximize the usage by programs in countries where English is not the predominant language. Given all of the linguistic and technological supports available, this seems like a sound and critical suggestion to ensure full access to programs.

*Explore ways to support families in each program in ways that reflect the unique cultural and programmatic needs.*

It is clear that when parents or guardians are present, they benefit from their participation in Young Athletes. Specifically, teachers have an opportunity to note challenges faced by families and find ways of supporting families. All Young Athlete programs might benefit from focused efforts to support more family participation in each country in ways that match their cultural and programmatic needs.

*Select and incorporate the suggestions for improving the Young Athletes program and program features prior to starting new program to support improved quality of all programs.*

Teachers from the Latin American region provided many excellent and very specific ideas for improving the program that need consideration when developing new programs. For example, they suggested adding more activities and activities differentiated for children of different ages within each skill area, incorporating music and musical instruments, and very specific suggestions for improving the DVD. Each of these should be considered carefully. The incorporation of teacher ideas will lead to greater shared ownership of individual programs and strengthen all programs.

*Develop training to match the needs voiced by teachers.*

Addressing the specific training needs for each region is a good way to improve individual programs. Teachers clearly voiced a need for more training in their own language and focused on areas where they have needs, such as behavior management in group settings, specific training about children with special needs, ideas about how to motivate children and parents to increase participation.

## VII. AZERBAIJAN

### A. Results

#### *Formative Evaluation Results*

Teachers provided information about their Young Athletes participants and about variations with regard to program features and structure. Their responses are summarized in the following section. Results are organized under the subheadings of Young Athletes Teachers, Young Athletes Participants, Models of Implementation, Structure, Program Features (Equipment, Activity Guide, DVD and Skill Progression Checklist), Challenges with Implementation, and Challenges for Families.

*Young Athletes Teachers.* Three teachers from Azerbaijan participated in Young Athletes and the evaluation process, representing three classes from three different community-based group sites in Baku, Azerbaijan (sports and recreation center, sports stadium, and a swimming pool). [Note: A group site is defined as the location of a Young Athletes program within a school or community setting attended by an intact group of multiple children at the same time.] The three Azerbaijan Young Athlete classes were lead by two females and one male teacher, one Russian and two Azerbaijani. All three teachers had worked with Special Olympics for more than five years and are between 30-59 years of age. Other than leading Young Athletes, teachers indicated that they had additional roles as SO coaches (100%) and volunteers (100%). All three teachers indicated that their primary job was a coach. The following is a summary of their responses on the Program Intake Form and Young Athletes Survey.

*Young Athlete Participants.* On the Program Intake Form, teachers from Azerbaijan indicated that they anticipated 60 participants (20 in each class); however the survey results indicate that they actually had 12 in each class, or 36 children. Boys (72%) outnumbered girls (28%) as participants and the ages of children varied widely. Teachers reported that 5 children were three years of age, 11 were four years of age, 8 were five years of age, 9 were six years of age and 7 were seven years of age. Note: The total number of children in these figures (n=40) does not correspond to the total reported (n=36). Since all other figures add up to 36 children, for the purpose of this report, we will assume that 36 children attended and the other figure (n=40) is a mathematical or typographical error on the survey response of one teacher.

Each country outside the U.S. was asked to identify the diversity represented by the participants from their country prior to the survey development. This information was incorporated into their country's Young Athletes Survey so that teachers could report this information. Ninety-five percent of children were Azerbaijani and 5% were of Russian descent. The same procedure was utilized for identification of disabilities represented in each country. A list of disabilities commonly used in the U.S. to identify children between the ages of two and seven who have intellectual disabilities (such as intellectual disability, developmental delay) was sent to each country, where Young Athletes staff were asked if these terms or other terms were used in their country. The Young Athletes coordinator for Azerbaijan indicated that these categories correspond with the terminology used in Azerbaijan. The predominant diagnosis represented in children in Azerbaijan was intellectual disability (75%) followed by developmental delay (25%). Of the 36 children, the predominant secondary diagnosis was emotional disturbance (25%), followed by physical impairments (22%), communication disorders (17%), and visual or hearing impairments (16%).

In addition to the registered participants, teachers reported that other children attended Young Athletes, including: siblings (67%), peers with disabilities (67%), and peers without disabilities (33%). In addition, all teachers (100%) reported that they expected parents to attend Young Athletes classes, and in fact all teachers indicated that parents attended all or most of the classes and that parents watched the activities when they attended. All teachers collected information on child attendance and in general, children attended all or most of the classes and actively participated in all or most of activities.

*Models of Implementation.* Three distinct implementation models of the Young Athletes program are found worldwide: School-Based Group Programs, Community-Based Group Programs, and Individual Home Programs. All Young Athletes programs in Azerbaijan were Community-Based Programs (100%) and were part of already existing classes or programs. For example, one was a part of an adaptive physical education class, occupational therapy class, or physical therapy class.

*Structure.* Teachers were asked to describe how they structured Young Athletes. Many programs had similar patterns in structure such as a Welcoming Activity, Warm-Up Activity, Socialization Time, and Cool-Down Activities (See Table A1.) All programs occurred three times a week for 30-60 minutes sessions. Each teacher had 12 children in each class, with two to three adults assisting the teacher, depending on the needs of the children. In addition to these standard program activities, two programs held meetings with parents on different subjects related to their child.

**Table A1. Structure of Young Athlete Programs**

<b>Class Structure</b>	<b>Reported Usage by Teachers</b>
Welcoming Activity for Children	100%
Welcoming Activity for Parents	67%
Warm-Up Activity for Children	100%
Cool-Down Activity for Children	33%
Social/Play Time for Children	100%
Family Time	67%
Drinks and Snacks	67%
Closing Activity for Children	67%
Closing Activity for Parents	33%

#### *Program Features*

The program features standard to all programs included the Kit of Equipment and the Activity Guide (including the Skill Progression Checklist and the DVD). Teachers were asked to provide feedback about each of these features. In the following section we present their responses regarding usage of the Young Athletes materials and comments about overall ease of implementation of the program.

Equipment. All teachers used all of the pieces of equipment from the kit except for the Slow Motion (Gertie) Ball (67%). Teachers reported no reasons for not using equipment and reported no substitutions of materials for the equipment in the kits.

Activity Guide. Teachers were asked to comment on how many of the activities were used from each skill area and to indicate the reasons activities were not used. The teachers could respond: all/most, some, or none. (See Table A2.) The reasons cited by teachers for non-use of an activity was related to difficulty because of a child's disability in Foundational Skills ( 67%), or difficulty because of a child's age (67%).

**Table A2. Activity Usage**

<b>Skill Area</b>	<b>Percentage of Use (All/ Most )</b>
Foundational Skills	33%
Walk/Run Skills	100%
Balance/Jumping Skills	100%
Trapping/Catching Skills	100%
Throwing Skills	100%
Striking Skills	100%
Kicking Skills	100%
Advanced Skills	100%

Teachers used a variety of modifications to support children's participation in the activities. All teachers adjusted the pace and duration of activities and had all children do all activities simultaneously. In addition, a large percentage of teachers adjusted the pace of the activity based on the needs of the children (100%), developed plans to accompany the Activity Guide (67%) and used systematic use of praise and prompts to support child participation (100%), added components of equipment (67%) and used tangible reinforcement to support participation (67%). One communication adaptation (sign language) was used by all teachers (100%).

DVD. When asked to describe the kinds of training they received, all teachers (100%) indicated they had seen a demonstration, viewed the DVD, and read the Activity Guide. They suggested additional training was needed with video materials and sports equipment.

Skill Progression Checklist. Teachers were asked to describe methods they employed to measure child progress and were allowed to check all methods utilized. (See Table A3.) The most common methods used to measure child progress were school-based tools (Record of Planned Activities and Journals/Logs of child progress (100%). It is notable that the Young Athletes Skill Progression Checklist was not used at all for monitoring children's improvements.

**Table A3. Methods Employed to Measure Child Progress**

<b>Tool Used</b>	<b>Percentage Reported</b>
District Assessment Tool or Standards	33%
IEP	33%
Record of Planned Activities	100%
Journal or Log of Progress	100%
YA Skill Progression Checklist	0%
Other (Portfolio)	0%

*Program Challenges.* When asked to describe the challenges faced when implementing Young Athletes, relatively few teachers reported challenges. The only issue mentioned by teachers (33%) was difficulty communicating with parents and guardians. Teachers did not make any suggestions for improving the Activity Guide, DVD Video, Skill Progression Checklist, or Equipment. They did suggest the program could be improved by adding little presents or toys as an incentive (award) for more active participants.

*Challenges for Families.* Teachers were asked if they were aware of any challenges faced by families of the participants. All teachers (100%) reported challenges with adjusting to having a child with a disability, reluctance in allowing their child to participate, and difficulty knowing how to work/play with their child.

### ***Preliminary Summative Evaluation Results***

Teachers were asked to describe child and family benefits associated with participation in Young Athletes. Their responses are organized into two subheadings: Early Evidence of Child Benefits and Early Evidence of Family Benefits.

*Early Evidence of Child Benefits.* Teachers were asked to indicate the level of improvement they saw in children *in general* in their Young Athletes class. They could respond: no improvement, little improvement, moderate amount of improvement, or a lot of improvement. The percentages in Table A4 represent the number of teachers who observed general gains in children for “a moderate or little improvement.” Note the highest percentage of reported improvements (moderate amounts of improvement) were in social skills and adaptive behaviors. There were no reports of “a lot of improvement” in any developmental area. Specific examples of changes they observed are described in Table A5.

**Table A4. Gains in Children Reported by Teachers**

<b>Developmental Skill Area</b>	<b>Little Amount of Improvement</b>	<b>Moderate Amount of Improvement</b>
Communication	100%	
Motor	100%	
Social		100%
Adaptive Behavior		100%
Cognitive	100%	

When asked about carry-over of any skills or behaviors, all three teachers (100%) reported carry-over (generalization) of skill learned in Young Athletes. Examples provided by the teachers included, “Athletes do their physical exercises better than before,” “Better precise execution of physical exercises than at the beginning of this project,” and “Correctness of doing physical exercises. Also, the athlete understands my method of training and their communication abilities are getting better and better.”

Children having fun with peers (100%) was also reported as an additional benefit. When asked to identify the most important benefit, teachers’ responses included the following. “The

**Table A5. Teacher observations of child gains**

Domain	Teacher Observation
<b>Motor Development</b>	<ul style="list-style-type: none"> <li>- The improvement of their health</li> <li>- The improvement of physical preparation of athletes</li> <li>- Their physical and motor impairments have changed for the better since beginning this project.</li> </ul>
<b>Social and Emotional Development</b>	<ul style="list-style-type: none"> <li>- High spirits of athletes</li> <li>- High spirits</li> <li>- They have learned to treat each other better than before.</li> </ul>
<b>Family</b>	<ul style="list-style-type: none"> <li>- Parents' positive attitudes about this project</li> </ul>

improvement in physical skills and health of Young Athletes. The preparation of Young Athletes for Special Olympics games, the improvement of interrelationships among parents and improvement of Family Program system.” “To be in Young Athletes Program and to help athletes to be more active, healthier, and happier.” A third teacher responded, “To prepare for the Special Olympics Games.”

*Early Evidence of Family Benefits.* When asked to describe family benefits associated with Young Athlete participation, teachers included: parents enjoying watching their child participate (67%), parents getting support through networking with other families (67%), parents learning new ways to work with their child (100%), parent’s and teacher’s raised expectations of children’s capabilities (100%), parents getting information about their child’s disability and it provides and opportunity to work on IEP goals (both 33%).

In summary, there are many aspects of the Azerbaijan Young Athletes program that are similar to other Young Athletes programs. More boys participated in the program than girls, and most children have a diagnosis of intellectual disability. The Young Athletes programs in Azerbaijan were similar in structure and accommodations (e.g., adjusting pace and duration of activities, systematic use of praise and prompts) were used to increase child participation. Like other programs, they did not use the Skill Progression Checklist, but all teachers used records of planned activities and journals of children’s activities to monitor progress. Like other programs that included families, teachers were able to comment on challenges and family benefits associated with family participation.

There are unique aspects of Young Athletes in Azerbaijan that distinguish it from other programs. Teachers had worked with Special Olympics for a longer period of time when compared to other programs. Teachers expected parents to attend, and siblings and peers (with and without disabilities) attended at some level as well. All three programs were community based, two in sports centers/halls and one at a swimming facility. Seventy-eight percent of the children were between the ages of 4 – 6. Unlike other programs, teachers reported limited gains (a little or moderate levels of improvements) in developmental domains (motor, communication, cognitive, social) and few examples of generalization of skills.

## **B. Recommendations**

*Ensure that all programs that include families are provided with information to support family needs.*

The inclusion of family members in Young Athlete programs affords programs leaders and teachers opportunities to become aware of challenges faced by family members. All teachers reported observations of challenges noted in parents and families who attended Young Athletes. Clearly, it is beneficial to families if they are included in Young Athletes programs. Having these insights about family challenges could lead to the provision of additional family support. Ultimately, it will strengthen families and tangentially, it may sustain greater family involvement in Special Olympics.

*Examine more closely the discrepancies in child outcomes across programs.*

Teachers from Azerbaijan reported less developmental gains for children when compared to many other countries. They did not report gains in any developmental area at the highest level (“a lot of improvement”) in spite of the fact that the length of time children were in the program (40 weeks) exceeding the length of program participation for most children in other programs. It is strongly recommended that future evaluations include child-focused measures to examine significant child outcome discrepancies to determine how to ensure consistent positive outcomes for all participants.



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## **VII. APPENDICES**

**Appendix A**  
**Original Special Olympics Registration Packet**  
**And Young Athletes Registration Form**



## Young Athletes™ Registration Form

## Young Athletes™ Registration Form

### Young Athlete Personal Information

Young Athlete's Name _____	
(Last/Family)	(First/Given)
Address: _____	City: _____
State/Province: _____	Postal Code/Zip Code _____
Country: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: Month ____ Day ____ Year ____
Aside from Young Athletes, is your child currently participating in any other programs for young children with disabilities in your community? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe.	
Name of Program _____	Services Received _____
_____	_____
_____	_____
How did you hear about Young Athletes?	
_____	
_____	

### Program Information (Completed by Office Staff)

Special Olympics Program (Please specify) : _____			
(Country or State)			
Site or Sub-Program (if applicable):			
(A site is defined as the specific location of the Young Athletes Activities. Enter the name of the town/city where this child will participate in Young Athletes. _____)			
(City or Town)			
A program (country or state) may have multiple sites. Site is defined as the specific location of the Young Athletes Activities. The Young Athlete site this child will attend is (Select one of the following.)			
<input type="checkbox"/> A group site (attended by multiple families at a school, center, etc.)			
<input type="checkbox"/> At home (implemented by you or a family member at home)			
Date this form was completed:	Month _____	Day _____	Year _____
Date of Young Athlete Release Form:	Month _____	Day _____	Year _____
(Enter date of submission of the completed Athlete Release Form which contains a release to be signed by a parent/guardian of a minor young athlete, medical matters and permissions for publicity).			
Name of person completing this form: _____			



# Young Athletes Release Form

## RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of \_\_\_\_\_, the minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. The athlete has my permission to participate in Special Olympics activities. I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics.

With my approval, a licensed medical professional has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence, which would preclude the athlete's participation. I understand that if the athlete has Down syndrome, he/she cannot participate in sports or events, which, by their nature, result in hyperextension, radical flexion or direct pressure on the neck or upper spine, unless two physicians and I have completed the official "Special Release for Athletes with Atlanto-Axial Instability." Available from the Special Olympics Program in my jurisdiction, or the athlete has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift and football team competition (soccer).

In permitting the athlete to participate, I am specifically granting my permission, forever, to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

I understand that information gathered as part of the Healthy Athletes Program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs. By signing below, I am also permitting the Athlete to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that notwithstanding my consent, there is no obligation for the Athlete to participate in the Healthy Athlete Program and that I may decide that the Athlete will not participate. I understand that provision of these health services is not intended as a substitute for regular care. I also understand that the Athlete should seek his/her own medical advice and assistance irrespective of the provision of these services and that Special Olympics through the provision of these services is not making itself responsible for Athlete's health.

If a medical emergency should arise during the athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being. **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, INITIAL IT AND SIGN AND ATTACH THE SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FORM)**

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above. I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs, and physical activity programs.

---

Signature of Parent/Guardian

---

Date

---

## Young Athletes Release Form – SUMMARY

### 1) PARAGRAPH ONE:

- Athlete gives consent to participate in Special Olympics Parent or guardian of a minor athlete gives permission for said minor to participate in Special Olympics

### 2) PARAGRAPH TWO:

- Acknowledgement of medical examination and information regarding participation restrictions for athletes with Atlanto-axial Instability

### 3) PARAGRAPH THREE:

- Notification of the right to use athlete's likeness, voice or words for the purpose of Special Olympics publicity

### 4) PARAGRAPH FOUR:

- Consent for participation in Special Olympics Healthy Athlete Programs

### 5) PARAGRAPH FIVE:

- Authorization for Special Olympics to provide athlete with medical treatment in case of a medical emergency.

- Instructions for those with Religious Objections for emergency medical treatment:

Cross out Paragraph 5, initial the document and complete attached Religious Objections form

*ANY CHANGES OR ADDITIONS TO THE ATTACHED FORM MUST BE APPROVED BY SOI*

---



**RELIGIOUS OBJECTIONS FORM  
SPECIAL PROVISIONS REGARDING MEDIAL TREATMENT  
FOR ATHLETES HAVING RELIGIOUS OBJECTIONS TO STANDARD FORM  
TO ATHLETES AND THEIR PARENTS**

Special Olympics respects the religious beliefs of all its athletes. Our standard application form normally requires each athlete (or his/her parent, if the athlete is a minor) to give Special Olympics permission to arrange for emergency medical treatment, including hospitalization, for any athlete if a medical emergency arises during his/her participation in Special Olympics under circumstances in which neither the athlete nor his / her parents is available to consent to that emergency treatment. If you have religious objections to approving that provision, please cross it out and initial it on the application form, and submit the application along with this page, after reading and signing it below.

**TO BE COMPLETED BY PARENT OF MINOR ATHLETE**

On the attached official Special Olympics Release form, I have crossed out and rejected, on behalf of \_\_\_\_\_ (name of athlete), the provision that authorizes Special Olympics to make arrangements for emergency medical treatment for the athlete if the athlete is injured and his/her parent are unable to consent to that treatment. I am withholding this permission on behalf of the athlete on religious grounds. However, on behalf of myself and the athlete named in this Application, I do agree to and confirm the following:

1. I agree to be present with the athlete at all times at the site of any Special Olympics training or competitive event in which the athlete participates, including during travel to and from the training or competition, in the dormitories, meal time, and during competition, training and practice sessions, so that I can be readily available to take personal responsibility for the athlete if a medical emergency arises. I understand that if I am not present at all times, the athlete will not be permitted to participate in that event, and that no exception will be made.

2. I also agree on behalf of myself and the athlete to release Special Olympics and its employees and volunteers from any and all claims, demands or liabilities of any kind that may arise out of Special Olympics failure to take measures to provide the athlete with emergency medical treatment during Special Olympics' events and activities. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics permission to take such emergency measures, and I am expressly directly Special Olympics not to do so on religious grounds.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



### Personal Information

Unified Sports as a Partner ☐ (Mark all sports competing in during 2002 below under the Unified column)

## 2



## ATHLETE DATA FORM – INSTRUCTIONS

### Personal Information

1. **Special Olympics Program:** Enter the name of the Program. Usually Country or State name.
2. **Sub-Program** (if applicable): Enter the name of the Sub-Program (if applicable).
3. **Name:** Enter the person's Last/Family/Surname; then enter First/Given Name.
4. **Mailing Address:** Enter the person's mailing address, city, state/province, postal code and country. Please be as accurate as possible. If living at an institution, please provide institution address.
5. **Gender:** Check Male or Female.
6. **Birth Year:** Enter the person's year of birth.
7. **Medical Form Date:** Enter date that completed Medical Form was submitted.
8. **Release Form Date:** Enter date of submission of completed Athlete Release Form (form contains a release to be signed by an adult athlete or by a parent/guardian of a minor athlete concerning medical matters and permissions concerning publicity).
9. **Date this form was completed:** Enter the date this form was completed.
10. **By:** Enter the name of the person completing this form. Also check if you are a coach, parent/guardian, or other.

Please mark if participating in:

- **Athlete Leadership Program (ALPs):** Mark if person participates in ALPs. If also competed/trained continue to sports information.
- **Motor Activities Training Program (MATP):** Mark if person was a MATP participant.
- **Unified Sports as a Partner:** Mark if person competed in Unified competition, but does not have mental retardation or mental handicap. If marked, continue to sports and mark all that apply in the Unified column).

### Sports Information

A Special Olympics Athlete is defined as:

- A person with mental retardation or mental handicap;
- Who trains for a minimum of eight weeks per season in a Special Olympics sport ;
- Who competes in a local, state, or national Special Olympics Competition according to Special Olympics standards (competition provides dignity to the athlete by offering Opening Ceremonies, Awards Ceremonies and Closing Ceremonies);
- Motor Activities Training Program participants.

Complete this information for all sports in which person has trained and/or competed from 01 January 2002 and 31 December 2002.

1. For each sport listed, mark the appropriate box(es) that apply to the athlete:
  - Mark "**Trained**" if person has trained for this sport within the past 12 months but has NOT competed.
  - Mark "**Competed**" if person has trained AND competed in this sport within the past 12 months.
  - Mark "**Unified**" if person participated in this sport during a Unified Sports Competition.
2. **Other:** Use this field to enter up to two Nationally popular sports that person has trained and/or competed in within the last 12 months. Follow guidelines above and mark the appropriate field(s).

ANY CHANGES OR ADDITIONS TO THE ATTACHED FORM MUST BE APPROVED BY SOI



DEMOGRAPHICS			
PROGRAM: _____			
Athlete's Social Security #	-	-	(if US Citizen) <input type="checkbox"/> Male <input type="checkbox"/> Female
Athlete's Name	_____		Date of Birth (month/day/year) _____/_____/_____
Athlete's Address	_____		Athlete's Home Phone # _____
Parent/Guardian's Name	_____		Parent's Work Phone # _____
Parent/Guardian's Address (if different than athlete)	_____		Parent's Home Phone # _____
Emergency Contact (if other than parent/guardian)	_____		Emergency Contact's Phone # _____
Health/Accident Insurance Company	_____		Policy # _____

<table border="0"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>*Heart disease / heart defect / high blood pressure</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>*Chest pain</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>*Seizures / epilepsy/fainting spells</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>*Diabetes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>*Concussion or serious head injury</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>*Major surgery or serious illness</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Heat stroke / exhaustion</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>*Blindness / visual problem</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Contact lenses / glasses</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hearing loss / hearing aid</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Bone or joint problem</td> </tr> </table> <p>Date of most recent tetanus immunization ____/____/____</p>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	*Heart disease / heart defect / high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	*Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	*Seizures / epilepsy/fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	*Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	*Concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	*Major surgery or serious illness	<input type="checkbox"/>	<input type="checkbox"/>	Heat stroke / exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	*Blindness / visual problem	<input type="checkbox"/>	<input type="checkbox"/>	Contact lenses / glasses	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss / hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	Bone or joint problem	<table border="0"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Allergy: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Medicines: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Insect stings/bites: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Special diet _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>*Asthma _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Tobacco use _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Easy bleeding _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Emotional / psychiatric / behavioral _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sickle cell trait or disease _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Immunizations up to date _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	Allergy: _____	<input type="checkbox"/>	<input type="checkbox"/>	Medicines: _____	<input type="checkbox"/>	<input type="checkbox"/>	Food: _____	<input type="checkbox"/>	<input type="checkbox"/>	Insect stings/bites: _____	<input type="checkbox"/>	<input type="checkbox"/>	Special diet _____	<input type="checkbox"/>	<input type="checkbox"/>	*Asthma _____	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco use _____	<input type="checkbox"/>	<input type="checkbox"/>	Easy bleeding _____	<input type="checkbox"/>	<input type="checkbox"/>	Emotional / psychiatric / behavioral _____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell trait or disease _____	<input type="checkbox"/>	<input type="checkbox"/>	Immunizations up to date _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
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<input type="checkbox"/>	<input type="checkbox"/>	Other _____																																																																										

(\*) Requires physical examination \_\_\_\_\_

**Medications:** \_\_\_\_\_

Please print medication name, amount, date prescribed and number of times per day medication is given.

Medication Name	Dosage	Date Prescribed.	Times per day	Medication Name	Dosage	Date Prescribed.	Times per day

Signature of parent/caregiver/adult athlete: \_\_\_\_\_ date \_\_\_\_/\_\_\_\_/\_\_\_\_



**Special Olympics** ATHLETE REGISTRATION PACKET

**ATHLETE MEDICAL FORM - PAGE 2**

**ATLANTO-AXIAL INSTABILITY ASSESSMENT FOR ATHLETES WITH DOWN SYNDROME**

EXAMINER'S NOTE: If the athlete has Down syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial Instability before he/she may participate in sports or events which, by their nature, may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift, and football team competition (soccer).

Yes No

- ☐ ☐ Has an x-ray evaluation for atlanto-axial instability been done?
- ☐ ☐ If yes, was it positive for atlanto-axial instability? (positive indicates that the atlanto-dens interval is 5mm or more)

**PHYSICAL EXAMINATION**

Blood pressure: \_\_\_\_/\_\_\_\_ Weight: \_\_\_\_ Height: \_\_\_\_

Normal/Abnormal

- ☐ ☐ Vision
- ☐ ☐ Hearing
- ☐ ☐ Oral cavity
- ☐ ☐ Neck
- ☐ ☐ Extremities

Normal/Abnormal

- ☐ ☐ Cardiovascular system
- ☐ ☐ Respiratory system
- ☐ ☐ Gastrointestinal system
- ☐ ☐ Genitourinary system
- ☐ ☐ Skin

Normal/Abnormal

- ☐ ☐ Cranial nerves
- ☐ ☐ Coordination
- ☐ ☐ Reflexes

Other: \_\_\_\_\_

Primary MR Etiology/Category: (If known)

I have reviewed the above health information and have performed the above examination on this athlete within the past 6 months and certify that the athlete can participate in Special Olympics.

RESTRICTIONS: \_\_\_\_\_

EXAMINER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

EXAMINER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
PHONE: \_\_\_\_\_



**Special Olympics** ATHLETE REGISTRATION PACKET

**ATHLETE MEDICAL FORM - PAGE 2**

**ATLANTO-AXIAL INSTABILITY ASSESSMENT FOR ATHLETES WITH DOWN SYNDROME**

EXAMINER'S NOTE: If the athlete has Down syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial Instability before he/she may participate in sports or events which, by their nature, may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift, and football team competition (soccer).

Yes No

☐ ☐ Has an x-ray evaluation for atlanto-axial instability been done?

☐ ☐ If yes, was it positive for atlanto-axial instability? (positive indicates that the atlanto-dens interval is 5mm or more)

**PHYSICAL EXAMINATION**

Blood pressure: \_\_\_\_/\_\_\_\_ Weight: \_\_\_\_ Height: \_\_\_\_

Normal/Abnormal

☐ ☐ Vision  
☐ ☐ Hearing  
☐ ☐ Oral cavity  
☐ ☐ Neck  
☐ ☐ Extremities

Normal/Abnormal

☐ ☐ Cardiovascular system  
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☐ ☐ Genitourinary system  
☐ ☐ Skin

Normal/Abnormal

☐ ☐ Cranial nerves  
☐ ☐ Coordination  
☐ ☐ Reflexes

Other: \_\_\_\_\_

Primary MR Etiology/Category: (If known) \_\_\_\_\_

I have reviewed the above health information and have performed the above examination on this athlete within the past 6 months and certify that the athlete can participate in Special Olympics.

RESTRICTIONS: \_\_\_\_\_

EXAMINER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

EXAMINER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_



**Special Olympics** ATHLETE REGISTRATION PACKET

**ATHLETE MEDICAL FORM – INSTRUCTIONS**

- A physical examination of all athletes is **required** as part of the initial Special Olympics athlete registration, as outlined in the *General Rules*, 6.02 (e), Subsection 1:

*All athletes seeking to register for participation in Special Olympics for the first time must be examined before that registration by a physician or trained medical professional who is not a physician but who is authorized or licensed under the laws of the Accredited Program's jurisdiction to perform medical examinations and make medical diagnoses (collectively, a "**Licensed Medical Professional**"), and have that Licensed Medical Professional complete the "medical certification" section of the Athlete Registration Form.*

- The frequency of required physical examinations for Special Olympics athletes is described below in the *General Rules*, 6.02 (e), Subsection 2:

*An athlete who completes the initial registration process for participation in Special Olympics and who then continues that participation over a period of more than one year shall be required by the relevant Accredited Program to seek follow-up medical advice before continuing his/her Special Olympics participation if that Accredited Program has a reasonable basis for believing that there has been a significant change in the athlete's health since the initial medical examination and certification were completed. In addition, an Accredited Program's Board of Directors/National Committee may impose more stringent requirements on the athletes registered by that Accredited Program concerning the frequency of required medical examinations than those which are imposed by subsection (1) above. However, no Accredited Program may dispense with the requirement that each athlete be examined at least once by a Licensed Medical Professional as part of his/her initial registration with Special Olympics.*

- The Athlete Medical Form represents the minimum standard for Special Olympic Athlete Physical Examination. Programs may include additional information on the form so long as items given on the revised form are not eliminated and the Program has submitted its revised form to SOI for review and approval as required by General Rules 6.02 (e). Any Program wishing to request additional contact information (i.e. cell phone number) may do so with out further approval through SOI. SOI must be advised of and approve all other changes.

If you have any further questions, please direct them to Dr. Mark Wagner at 202-715-1148--- or [mwagner@specialolympics.org](mailto:mwagner@specialolympics.org).

**ANY CHANGES OR ADDITIONS TO THE ATTACHED FORM MUST BE APPROVED BY SOI**





## ATHLETE RELEASE FORM

### Section A.

#### RELEASE TO BE COMPLETED BY ADULT ATHLETE

I, \_\_\_\_\_ am at least 18 years old and have submitted the attached application for participation in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed medical professional has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence that would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available from the Special Olympics Program in my jurisdiction, or I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form, which establishes the absence of Atlanto-axial Instability, I must have the radiological examination before I can participate in equestrian sports, gymnastics, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and football (soccer).

Special Olympics has my permission forever to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities. I understand that information gathered as part of the Healthy Athletes Program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand there is no obligation for me to participate in the Healthy Athletes Program and that I may decide not to participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not through the provision of these provisions responsible for my health.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment for any reason, I authorize Special Olympics to take whatever measures it deems necessary to protect my health and well-being, including, if necessary, hospitalization **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, INITIAL IT AND SIGN AND ATTACH THE SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FORM)**

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

\_\_\_\_\_  
Signature of Adult Athlete

\_\_\_\_\_  
Date

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

Name (Print) \_\_\_\_\_

Relationship to athlete \_\_\_\_\_  
(e.g. family member, teacher, coach, etc.)





**Special Olympics** ATHLETE REGISTRATION PACKET

**ATHLETE RELEASE FORM**

**Section B.**

**RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE**

I am the parent/guardian of \_\_\_\_\_, the minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. The athlete has my permission to participate in Special Olympics activities.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics. With my approval, a licensed medical professional has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence, which would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events, which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability." Available from the Special Olympics Program in my jurisdiction, or the athlete has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift and football team competition (soccer).

In permitting the athlete to participate, I am specifically granting my permission, forever, to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I understand that information gathered as part of the Healthy Athletes Program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

By signing below, I am also permitting the Athlete to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that notwithstanding my consent, there is no obligation for the Athlete to participate in the Healthy Athlete Program and that I may decide that the Athlete will not participate. I understand that provision of these health services is not intended as a substitute for regular care. I also understand that the Athlete should seek his/her own medical advice and assistance irrespective of the provision of these services and that Special Olympics through the provision of these services is not making itself responsible for Athlete's health.

If a medical emergency should arise during the athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being. **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, INITIAL IT AND SIGN AND ATTACH THE SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FORM)**

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs, and physical activity programs.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**Special Olympics** ATHLETE REGISTRATION PACKET

**ATHLETE RELEASE FORM – INSTRUCTIONS**

- SECTION A, TO BE COMPLETED BY AN ADULT ATHLETE
- SECTION B, TO BE COMPLETED BY THE PARENT OR GUARDIAN OF A MINOR ATHLETE
- 1) **PARAGRAPH ONE:**
  - **Athlete gives consent to participate in Special Olympics**
  - **Parent or guardian of a minor athlete gives permission for said minor to participate in Special Olympics**
- 2) **PARAGRAPH TWO:**
  - Acknowledgement of medical examination and information regarding participation restrictions for athletes with Atlanto-axial Instability
- 3) **PARAGRAPH THREE:**
  - Notification of the right to use athlete's likeness, voice or words for the purpose of Special Olympics publicity
- 4) **PARAGRAPH FOUR:**
  - Consent for participation in Special Olympics Healthy Athlete Programs
- 5) **PARAGRAPH FIVE:**
  - Authorization for Special Olympics to provide athlete with medical treatment in case of a medical emergency
  - Instructions for those with Religious Objections for emergency medical treatment:
    - Cross out Paragraph 5, initial the document and complete attached Religious Objections form

*ANY CHANGES OR ADDITIONS TO THE ATTACHED FORM MUST BE APPROVED BY SOI*



**Special Olympics ATHLETE REGISTRATION PACKET**

**RELIGIOUS OBJECTIONS FORM**

**SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT  
FOR ATHLETES HAVING RELIGIOUS OBJECTIONS TO STANDARD FORM**

**TO ATHLETES AND THEIR PARENTS**

Special Olympics respects the religious beliefs of all its athletes. Our standard application form normally requires each athlete (or his/her parent, if the athlete is a minor) to give Special Olympics permission to arrange for emergency medical treatment, including hospitalization, for any athlete if a medical emergency arises during his/her participation in Special Olympics under circumstances in which neither the athlete nor his/ her parents is available to consent to that emergency treatment. If you have religious objections to approving that provision, please cross it out and initial it on the application form, and submit the application along with this page, after reading and signing it below.

**TO BE COMPLETED BY PARENT OF MINOR ATHLETE**

On the attached official Special Olympics Release form, I have crossed out and rejected, on behalf of \_\_\_\_\_ (name of athlete), the provision that authorizes Special Olympics to make arrangements for emergency medical treatment for the athlete if the athlete is injured and his/her parent are unable to consent to that treatment. I am withholding this permission on behalf of the athlete on religious grounds. However, on behalf of myself and the athlete named in this Application, I do agree to and confirm the following:

1. I agree to be present with the athlete at all times at the site of any Special Olympics training or competitive event in which the athlete participates, including during travel to and from the training or competition, in the dormitories, meal time, and during competition, training and practice sessions, so that I can be readily available to take personal responsibility for the athlete if a medical emergency arises. I understand that if I am not present at all times, the athlete will not be permitted to participate in that event, and that no exception will be made.
2. I also agree on behalf of myself and the athlete to release Special Olympics and its employees and volunteers from any and all claims, demands or liabilities of any kind that may arise out of Special Olympics failure to take measures to provide the athlete with emergency medical treatment during Special Olympics' events and activities. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics permission to take such emergency measures, and I am expressly directly Special Olympics not to do so on religious grounds.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**TO BE COMPLETED BY ADULT ATHLETE**

On the attached official Special Olympics Release form, I, \_\_\_\_\_, (name of athlete), have crossed out and rejected the provision that authorizes Special Olympics to make arrangements of emergency medical treatment for me if I am injured during my participation in Special Olympics and am unable to consent to that treatment myself. I am refusing to give this permission based on my religious beliefs; however, I do agree to and confirm the following:

1. I agree to carry with me, at all times during my participation in any Special Olympics training or competitive event, including during travel to and from the training or competition, in the dormitories, meal time, and during competition, training and practice sessions, a printed card or paper that describes my religious objections, so that in case I get sick or hurt and cannot speak for myself, Special Olympics will be able to read this card and learn of my religious objections to medical treatment.
2. I also agree to make arrangements for an adult friend or member of my family to be present with me on site at all times, including during travel to and from the training or competition, in the dormitories, meal time, and during competition, training and practice sessions, during my participation in Special Olympics' activities, so that this person can take personal responsibility for me if a medical emergency arises, and I am unable to speak for myself. I understand that if this friend or family member is not present at all times, I will not be permitted to participate in that event, and that no exceptions will be made.
3. I also agree to release Special Olympics and its employees from any and all claims, demands or liabilities of any kind that may arise out of Special Olympics' failure to take measures to provide me with emergency medical treatment during Special Olympics events and activities. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics permission to take such emergency measures, and I am expressly directly Special Olympics not to do so on religious grounds.

I have read this release. I fully understand what it says, and I agree to it.

\_\_\_\_\_  
Signature of Adult Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Family Member/Friend

\_\_\_\_\_  
Date



**Special Olympics** ATHLETE REGISTRATION PACKET

**HEALTHY ATHLETE CONSENT FORM**

Special Olympics offers certain non-invasive health care services to athletes at local, state, national, and World Games venues through the Healthy Athletes Program. These services may include individual screening assessments of health status and health care needs, provision of health education, routine preventive services (e.g. protective mouth guards), educational services, and, in the case of vision and hearing deficits, provision of needed eyewear (glasses, swim goggles, protective eyewear) and hearing aids. Athletes are informed as to their health status and advised of the need for follow-up care. In addition, information collected at the time services are provided has been invaluable for developing policies, securing resources, and implementing programs to better meet the health needs of athletes.

I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand there is no obligation for me to participate in the Healthy Athletes Program should I decide not to participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not through the provision of these services responsible for my health. I understand that information that is gathered as part of the screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

**Authorization for Minors:** I understand that by signing below I consent to \_\_\_\_\_ (athlete's full name) participation in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand there is no obligation for the athlete named above to participate in the Healthy Athletes Program should the athlete decide not to participate or should I decide the athlete shall not participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek independent medical advice and assistance irrespective of the provisions of these services for the athlete named above and that Special Olympics is not through the provision of these services responsible for the health of the athlete named above. I understand that information that is gathered as part of the screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

\_\_\_\_\_  
Parent or Guardian (if athlete is under 18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete (if 18 years old or older)

\_\_\_\_\_  
Special Olympics Program



**Special Olympics** ATHLETE REGISTRATION PACKET

**SPECIAL RELEASE FOR ATHLETES WITH ATLANTO-AXIAL INSTABILITY – PAGE 1**

**CERTIFICATION BY PHYSICIANS**

We have examined the athlete named in the application, who has Down syndrome and who has been diagnosed as having Atlanto-axial Instability. We certify based on our examinations of the athlete and our review of the health information contained in this application, that despite the diagnosis of Atlanto-axial Instability, this athlete is not medically precluded from participation in Special Olympics. We Further certify that we have explained to the athlete named in this application, (and to the parent or guardian whose signature appears below, if the athlete is a minor), the medical risks associated with Atlanto-axial Instability and in particular, the risks associated with the athlete's participation in sports or events which, by their nature, may result in hyper-extension, radical flexion or direct pressure on the neck or upper spine.

(Signatures of two physicians are required.)

Restrictions (if any): _____ _____	Restrictions (if any): _____ _____
Physician's name: _____	Physician's name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Signature of Physician _____ Date _____	Signature of Physician _____ Date _____

**CERTIFICATION OF ADULT ATHLETE** (Required for adult athletes with diagnosis of Atlanto-axial Instability)

I am the athlete named in this application. I certify that:

1. I have been informed by the physicians named above that I have Atlanto-axial Instability
2. The risks associated with that condition, including the risks from participating in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, and soccer have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences if I participate in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I certify that I am taking these risks knowingly and voluntarily, of my own free will, because of my desire to participate in Special Olympics, including any or all of the sports listed above, based on the certifications of the two physicians named above that I am not medically precluded from participating in Special Olympics.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Signature of Adult Athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of Adult Friend or Family Member \_\_\_\_\_ Date \_\_\_\_\_





**SPECIAL RELEASE FOR ATHLETES WITH ATLANTO-AXIAL INSTABILITY – PAGE 2**

**CERTIFICATION OF PARENT** (Required for minor athletes with diagnosis of Atlanto-axial Instability)

I am the mother/father of the athlete named in this application. I certify that:

1. I have been informed by the physicians named above that my son/daughter has Atlanto-axial Instability.
2. The risks associated with that condition, including the risks from participating in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, and soccer have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences of my son/daughter participating in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I hereby give my permission for my son/daughter to participate in Special Olympics, including any or all of the sports or events listed above, based on the certifications of the two physicians named above that my son/daughter is not medically precluded from participating in Special Olympics.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## **SPECIAL RELEASE FOR ATHLETES WITH ATLANTO-AXIAL INSTABILITY – INSTRUCTIONS**

The Special Release for Athletes with Atlanto-Axial Instability is in accordance with Special Olympics General Rules, 6.02 (f):

*In light of medical research indicating that up to 15% of individuals with Down syndrome have a mal-alignment of the cervical vertebrae C-1 and C-2 in the neck known as Atlanto-axial instability, exposing them to possible injury if they participate in activities that hyperextend or radically flex the neck or upper spine, all Accredited Programs must take the following precautions before permitting athletes with Down syndrome to participate in certain physical activities:*

(1) *Athletes with Down syndrome may participate in most Special Olympics sports training and competition, but shall not be permitted to participate in any activities which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless the requirements of subsections (f)(2) and (f)(3) below are satisfied. Such sports training and competition activities include: butterfly stroke and diving starts in swimming, diving, pentathlon, high jump, squat lifts, equestrian sports, artistic gymnastics, football (soccer), alpine skiing and any warmup exercise placing undue stress on the head and neck.*

(2) *An athlete with Down syndrome may be permitted to participate in the activities described in subsection (1) above if that athlete is examined (including x-ray views of full extension and flexion of neck) by a physician who has been briefed on the nature of the Atlanto-axial instability condition, and who determines, based on the results of that examination, that the athlete does not have an Atlanto-axial instability condition.*

(3) *An athlete with Down syndrome who has been diagnosed by a physician as having an Atlanto-axial instability condition may nevertheless be permitted to participate in the activities described in subsection (1) above if the athlete, or the parent or guardian of a minor athlete, confirms in writing his or her decision to proceed with these activities notwithstanding the risks created by the Atlanto-axial instability, and two (2) Licensed Medical Professionals certify in writing that they have explained these risks to the athlete and his/her parent or guardian, and that the athlete's condition does not, in their judgment, preclude the athlete from participating in Special Olympics. These statements and certifications shall be documented and provided to Accredited Programs using the standardized form approved by SOI, entitled "Special Release for Athletes with Atlanto-axial Instability," and any revisions of that form, approved by SOI (the "**Special Release Concerning Atlanto-axial Instability**").*

ANY CHANGES OR ADDITIONS TO THE ATTACHED FORM MUST BE APPROVED BY SOI

**Appendix B**  
**Program Intake Form and Accompanying Letter**



**Center for Social Development and Education  
University of Massachusetts**

Feb 9, 2006

Ms. XXXXX  
Executive Director  
XXXXXX  
XXXXXX  
XXXXXX, North Carolina XXXXX

Hi XXXXX,

Recently, you received a letter from us providing an overview of the evaluation of Young Athletes.

At this time we are sending out an electronic Program Intake Form (PIF) to enable us to better understand how and where your Young Athletes programs are being set up. Please download and complete the PIF. Once it is completed, there are 2 ways we can gather this information from you.

- a) The completed PIF can be faxed to us. (617.287.7249; marking the FAX: Attention Paddy)
- b) The completed PIF can be sent back to us as an email attachment.

Whichever way you prefer to communicate the information to us (email or fax) is fine. It should take approximately 5-10 minutes to complete the form, depending on the size of your program. Thank you very much in advance for your time.

I look forward to hearing from you!

Paddy

Paddy C. Favazza, Ed.D.  
Center for Social Development and Education  
University of Massachusetts  
100 Morrissey Boulevard  
Boston, MA 02125-3393  
617.287.7248 Phone  
617.287.7249 FAX

[paddy.favazza@umb.edu](mailto:paddy.favazza@umb.edu)

## **Young Athletes Program Information Form (PIF)**

(Note: For your convenience, all of your responses can be typed into this document and sent back to us by e-mail.)

- 1. Name of *Your* Special Olympics Program  
(Country/State):**
  
- 2. Name of Person Completing this PIF:**
  
- 3. A Special Olympics Program may have multiple sites that are implementing the Young Athletes program. A site can be an individual site (implemented by a family at home) or a group site (attended by many families at a school or other location). How many of each type of site are in your program?**  
  
**# of Individual Sites:**  
  
**# of Group sites:**
  
- 4. What is the *total* number of Young Athletes registered in your Young Athletes Program?**  
**Please include children registered at *all* of the sites in your program:**
  
- 5. How did you recruit families to participate in *your* Young Athletes programs?  
(Please check all that apply.)**  
  
☐ **Advertised in local papers and TV**  
☐ **Sent announcements to schools and community groups**  
☐ **Posted announcements in local businesses**  
☐ **Announced at Special Olympics meetings and activities**  
☐ **Posted in Special Olympics newsletters**  
☐ **Other – Please describe:**
  
- 6. Please describe any media involvement and public awareness for *your* Young Athletes program:**

7. Are there any regional, state, or national programs in your area that provide social, recreation or sports programs for young children (ages 2-7) with disabilities?  
\_\_\_\_YES                      \_\_\_\_NO

If you answered YES, please provide the name of the program(s) and the services provided by each.

Name of Program	Services Provided

8. We are interested in the materials you used or created to promote the Young Athletes program. Please check one of the boxes below indicating how we will receive copies of written materials that you used to announce or advertise the Young Athletes Program.

☐ We did not have written materials advertising our program.

☐ Our materials are being sent to you as an email attachment or emailed link.

☐ Our materials are being sent by fax.

☐ A hard copy of materials is being mailed to you.

8. At a later date, we will be sending the Young Athletes Survey to the contact person at each of the Young Athletes sites in your Program. *Using the next page, please fill in the name and contact information for each site, the type of site, and the anticipated or actual start and end date for each site.*

(Note: The first one is a completed sample. For Your convenience, all of your responses can be typed into this document and sent back to us by email.)

<b>LOCATION/NAME OF SITE: Petr Elementary</b>	
<b>Contact Person at this Site: Jane Smith</b> <b>Street: 22 Run Road</b>  <b>City/Town: Mount Pleasant</b> <b>State/Province: Louisiana</b> <b>Zip Code/Postal Code: 99999</b> <b>Country: USA</b> <b>Phone: 321.555.2323</b> <b>Fax: 321.555.3212</b> <b>Email: pfavazza@umb.edu</b>	<b>TYPE OF SITE:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Community Child Care Ctr <input type="checkbox"/> SO Center <input type="checkbox"/> Early Intervention Program <input checked="" type="checkbox"/> Public School <input type="checkbox"/> Head Start Program <input type="checkbox"/> Private School <input type="checkbox"/> Other (specify):  <hr/> <b>Number of YAP Children: 15</b> <b>Number of YAP Leaders(Teachers): 2</b>  <hr/> <b>Actual or Anticipated Start Date: Feb 15, 2006</b> <b>Actual of Anticipated Ending Date: May 15,2006</b>
<b>LOCATION/NAME OF SITE:</b>	
<b>Contact Person at this Site:</b> <b>Street:</b>  <b>City/Town:</b> <b>State/Province:</b> <b>Zip Code/Postal Code:</b> <b>Country:</b> <b>Phone:</b> <b>Fax:</b> <b>Email:</b>	<b>TYPE OF SITE:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Community Child Care Ctr <input type="checkbox"/> SO Center <input type="checkbox"/> Early Intervention Program <input type="checkbox"/> Public School <input type="checkbox"/> Head Start Program <input type="checkbox"/> Private School <input type="checkbox"/> Other (specify):  <hr/> <b>Number of YAP Children:</b> <b>Number of YAP Leaders(Teachers):</b>  <hr/> <b>Actual or Anticipated Start Date:</b>  <b>Actual of Anticipated Ending Date:</b>
<b>LOCATION/NAME OF SITE:</b>	
<b>Contact Person at this Site:</b> <b>Street:</b>  <b>City/Town:</b> <b>State/Province:</b> <b>Zip Code/Postal Code:</b> <b>Country:</b> <b>Phone:</b> <b>Fax:</b> <b>Email:</b>	<b>TYPE OF SITE:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Community Child Care Ctr <input type="checkbox"/> SO Center <input type="checkbox"/> Early Intervention Program <input type="checkbox"/> Public School <input type="checkbox"/> Head Start Program <input type="checkbox"/> Private School <input type="checkbox"/> Other (specify):  <hr/> <b>Number of YAP Children:</b> <b>Number of YAP Leaders(Teachers):</b>  <hr/> <b>Actual or Anticipated Start Date:</b>  <b>Actual of Anticipated Ending Date:</b>

**REPRINTS OF THIS PAGE MAY BE MADE AS NEEDED.**

**(Note: For Your convenience, all of your responses can be typed into this document and sent back to us by email.)**

## **Appendix C**

### **Pre-Survey Interview Questions**

### Pre-Survey Questions for Young Athletes Coordinators

Name of Coordinator:

State:

1. Could you talk about *how* you recruited sites for YA in your state?
2. Could you talk about *how* YA became a part of classes within your community or school system?
3. Is Young Athletes considered an approved or designated program for OT, PT, Adapted PE, Motor Labs?  
Yes    No
  - 3a. If yes, who within the school system approved its adoption for OT, PT, Motor Lab and/or APE?
4. What other (published, commercially produced, local) programs are approved for the same or similar purposes by APE, OT, and PT? (Or used by SPED teachers as Motor Labs?)
5. What were your motivations for adopting (using) YA?
6. What were your expectations for children participating in YA?
7. So far, have your expectations of the YA program been met? Unmet? Exceeded? If so, please explain.
8. What are your overall impressions of YA? , and what do you think are the benefits (for children, families, schools, and/or communities) who participate in YA?
9. Could you talk about the challenges you faced in starting up your YA program?
10. Do you have any suggestions that might improve the YA program? If so, what would you suggest?
11. Could you talk about the Evaluation Process? What suggestions do you have for the evaluation process?

As always, thank you for your time and thoughtful input.

**Pre-Survey Questions for Teachers  
Young Athletes Programs**

Observation and Interviews for Evaluation

**Explanation of Purpose of the Observation and Interview:**

---

We are in the stage of survey development for the evaluation of YA. These observations and interviews are used to shape the evaluation questions. Specifically, we are interviewing individuals who lead Young Athletes to a) better understand the unique and different ways in which their program is structured, b) to ensure that the questions from the evaluation survey (currently being developed) are relevant and can be answered, c) to determine if other questions need to be added to the survey. So, we thank you in advance for your time and assistance in this interview.

**Person Interviewed:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Background:** APE   OT   PT   SPED Teacher   Parent   Other

**Site:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(State)

**Location:**   Community Center   Family Home   School-Based  
Other \_\_\_\_\_

**Location Name :** \_\_\_\_\_  
(Name of School, Center, Family)

**Leader of YA:** \_\_\_\_\_

**What is their role at YA or relationship to child:**  
Parent Sped Teacher APE   PT   OT   Other:

**Session Start Time:** \_\_\_\_\_ **Session Ended:** \_\_\_\_\_

**Targeted Skill Area Observed:** \_\_\_\_\_

**Number Involved:** \_\_\_\_\_ # kids   \_\_\_\_\_ # adults

**Description of Equipment Used:**

**Description of Structure/Set Up:**

**Broad Strokes Questions**  
**Young Athletes in School Systems**

- Could you talk about how YA became a part of classes within your center or school system?
- Is it considered an approved or designated program for OT, PT, APE?
- If yes, who within the school system approved its adoption for OT, PT, APE?
- What other programs are approved for the same or similar purposes by APE, OT, PT? (or used by SPED teachers as Motor Labs?)
- If you could name an assessment tool that would be good to use to document changes in children, what would you recommend?
- What were your motivations for adopting YA?
- What are their expectations for children participating in YA?
- Overall Impressions of YA?
- Suggestions for change?



### Child & Family Impact

1. Are measures used to document or record child progress? If yes, what is used?
2. If you could select/recommend a measure to document child progress on the YA, what would you recommend?
3. In what areas did you notice changes in children?  
\_\_\_ Motor development  
\_\_\_ Social development  
\_\_\_ Communication development  
\_\_\_ Cognitive development  
\_\_\_ Adaptive Behavior development  
\_\_\_ Supporting behavior (eye contact, attention span, following directions)  
\_\_\_ Other (please specify):
4. Can you provide specific examples of change in children you have observed?
5. Did you notice any other change in the child (children) *outside* the sessions of YA that you might attribute to participation in YA?
6. Could you talk about Family impact?
7. What are your overall impressions of YA? , and what do you think are the benefits (for children, families, schools, and/or communities) who participate in YA?

### Challenges with Implementation and Start-Up

8. Could you talk about the challenges you faced in *starting up* your YA program?
9. Could you talk about the challenges you faced while *implementing (running)* your YA program?

### **IEP and IFSP Use**

1. Does your school, center or program implement Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP) for children with disabilities?

IEP	NO	YES
IFSP	NO	YES

2. Does your Young Athletes Program (YA) incorporate or address the participant's goals or objectives from an

Individualized Education Plan (IEP)	NO	YES (if yes, answer #3)
Individualized Family Service Plan (IFSP)?	NO	YES (if yes, answer #3)

3. If you incorporated goals or objectives from participant's IEP or IFSP, what area of development was represented? (check all that apply)

<input type="checkbox"/> Motor development	<input type="checkbox"/> Social development
<input type="checkbox"/> Communication development	<input type="checkbox"/> Cognitive development
<input type="checkbox"/> Adaptive Behavior development	<input type="checkbox"/> Other (please specify):

4. Does your Young Athletes Program occur in an inclusive setting (children without disabilities participate in Young Athletes alongside children with disabilities)?      YES      NO

### **Feedback on the Survey**

- 
1. Were all the questions asked answerable?    YES    NO  
If not, what questions or items need to be re-examined? (Which were the    questions you could not answer?)
  2. What other questions should we be asking?
  3. Suggestions for the evaluation process?

**Thank you for your time and thoughtful input!**  
**It will really be helpful in shaping the survey questions!**

**Recommendations for Survey Based on Above Responses (Use blank page for notes)**

**Appendix D**  
**International Chart: Diversity, Language, Disability**

## Young Athletes Programs International Chart

**Summary of Diversity, Disability, Languages.**  
**Last Modified: March 28, 2006**

YA Programs	Contact	Diversity	Disability Birth-36 months	Disability Ages 3-7 years	Languages Used on YA Survey	Who translates YA Survey?
US	NY - Laurie Kennedy NJ - Natalie Franzi/Lillian Naveaz. TEXAS - Holli Foye IOWA - Kathy Irving IL - Jennifer Marcello NC - Cristine Allison	1.White/Caucasian 2.American/Black: 3.Hispanic/Latino 4.Asian 5.Other	DD ASD	ID/MR ASD DD	English	Not Applicable
1.Azerbaijan	Shahin Aliyev	1. Azerbaijani 2. Russian	ID LD DD	ID 25 LD 20 DD 15	Russian	CSDE
2. Israel	Ellen Katz	1. Israeli Jew 2. Christian Arab 3. Moslem Arab 4. Ethiopian Jew	DD ASD	ID/MR ASD DD	Arabic Hebrew	SO in Israel
3. Romania	Roxana Ossian	1.Romanians 2.Hungarians 3. Roma	ID/MR ASD	ID/MR ASD	Romanian	SO in Romania
4. Venezuela	Paulina Paudet and Zully deSasson	Native American Origin or Background 1. Aimara 2.Inca 3. Mapuche 4. Guarani 5. Maya	ID/MR (includes Down/s syndrome) MD *CSN	ID/MR (includes Down/s syndrome) MD CSN	Spanish	SO in LA (Paulina)
5. El Salvador	Paulina Paudet and ?	Same as above?	Same as above?	Same as above?	Spanish	SO in LA (Paulina)
6. Panama	Paulina Paudet and Griselda Diaz	Same as above?	Same as above?	Same as above?	Spanish	SO in LA (Paulina)
7. Paraguay	Paulina Paudet and Irma Cuevas	Same as above?	Same as above?	Same as above?	Spanish	SO in LA (Paulina)
8. Chile	Paulina Paudet and Juan Pablo Delano	Same as above?	Same as above?	Same as above?	Spanish	SO in LA (Paulina)

ID/MR= Intellectual Disability /Mental Retardation (includes Down syndrome)  
DD= Developmental Delay

ASD= Autism Spectrum Disorder  
MD=Mental Deficiency

LD= Learning Disability  
CSN=Children with Special Needs

### Notes from Latin America (LA) (Paulina)

Diversity: For statistical purpose you may ask if the participant has Native American origin or background, like Aimara, Inca, Mapuche, Guarani, Maya, but they are citizen of the country first.

Disability: This question about diversity is OK. We only have different terminology to define Intellectual Disability, Mental retardation, Children with special needs, Mental deficiency, etc. I will add Down's syndrome.

### Notes from Azerbaijan (Shahin)

Diversity: Azerbaijani and some Russians.

Disability: 25 children-ID,20 children-LD,15 children- DD. [Children ages birth-36 months : same categories of disability used.]

### Notes from Israel (Ellen)

Diversity: The breakdown for diversity in Israel would be: Jewish, Christian Arab, Moslem Arab, Ethiopian Jewish

Disability: We have a similar diversity in disabilities as you mentioned.

### Notes from Romania (Roxana):

Diversity: Romanian, Hungarian, Roma

Disability: ID/MR and DD, both age groups

**Appendix E**  
**Young Athletes Survey**

## Young Athletes Survey

The purpose of this survey is to gain information about the Young Athletes (YA) program from staff who implemented it in order to improve it for the future. Questions will focus on how your class is structured, and your views about the benefits and challenges of the YA program. Thank you for your help.

- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes → **If Yes, go to Question 1**

☐ No

### Background

*In this section, we would like to give us some background about your Young Athletes class.*

1. Program: [FILLED IN]
2. Name of person completing this form: \_\_\_\_\_
3. Date you are completing this form: \_\_\_\_\_

---

**Definition:** A “Young Athletes (YA) class” is a group of children who are led through YA activities at the same time.

---

4. How many different Young Athletes classes are you leading?  
\_\_\_\_\_ # classes

### Note for those leading more than one YA class:

Since each of your classes are different and have different children in them, please fill out a separate survey for each of your classes. You only have to fill out Questions 43 - 59 one time. If you have any questions, please contact Paddy Favazza at [paddy.favazza@umb.edu](mailto:paddy.favazza@umb.edu)

5. What is the name of the center or school where this Young Athletes class takes place?  
(For example: Morton Special Olympics Center, Milton Elementary School, or Israel Tennis Center)

\_\_\_\_\_ Write in name of your site

6. In what city is your site? *(For example: Dallas, Bucharest, or Santiago)*

\_\_\_\_\_ Write in name of city

7. Where is this YA class held? (Please check **only one** box.)

☐ Sports and Recreation Center (Special Olympics Center, YMCA, etc.)

☐ Public School

☐ Private School

☐ Community Child Care Center

☐ Other → Please describe: \_\_\_\_\_

8. When did this YA class start?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

9. For how many weeks has this YA class met?

\_\_\_\_\_ Write in number of weeks

---

**Definition:** A “session” is each time a YA class meets.

---

10. How many times a week do you have YA sessions for this class?

☐ 5 or more times a week

☐ 4 times a week

☐ 3 times a week

☐ 2 times a week

☐ Once a week

☐ Other → Please describe: \_\_\_\_\_

11. About how long is each session?

☐ 30 minutes or less

- [ ] 30-60 minutes  
[ ] Over 60 minutes

**12.** How many children are registered in this Young Athletes class?

\_\_\_\_\_ Write in number of children

**13.** Please fill in each box below (Gender, Age, Race/Ethnicity). The numbers in each category should total the number of children registered in this Young Athletes class (from Question 12).

**Gender:** How many children in this class are ...

Girls: \_\_\_\_\_

**Age:** How many children in this class are ...

2 years old: \_\_\_\_\_ 4 years old: \_\_\_\_\_ 6 years old: \_\_\_\_\_

3 years old: \_\_\_\_\_ 5 years old: \_\_\_\_\_ 7 years old: \_\_\_\_\_

**Race/Ethnicity:** How many in this class are ....

White: \_\_\_\_\_

Asian: \_\_\_\_\_

Black or African American: \_\_\_\_\_

Other: \_\_\_\_\_

Latino or Hispanic: \_\_\_\_\_

**14.** Young Athletes is for children with Intellectual Disabilities or Mental Retardation. How many children in this class have a diagnosis of Intellectual Disabilities (ID)?

\_\_\_\_\_ # children

**15.** Some young children in YA might have other diagnoses instead of ID that would also qualify them for Young Athletes. How many children in this class have a diagnosis of:

Developmental Delay: \_\_\_\_\_ # children

Autism Spectrum Disorder: \_\_\_\_\_ # children



16. In addition to their major diagnosis, sometimes children have additional disabilities. How many children in this YA class have...

Physical or Motor Impairments: \_\_\_\_\_ # children

Hearing Impairments: \_\_\_\_\_ # children

Visual Impairments: \_\_\_\_\_ # children

Emotional Disturbance: \_\_\_\_\_ # children

Communication Disorders: \_\_\_\_\_ # children

(including speech/language disorders)

17. Aside from the registered YA children, who else attends this YA class? (Please check all that apply.)

☐ Siblings

☐ Peers **with** disabilities

☐ Peers **without** disabilities

☐ Other → Please describe: \_\_\_\_\_

18. How many adults assist you in this YA class?

\_\_\_\_\_ Write in number of adults

<b>Attendance &amp; Participation</b>
---------------------------------------

19. Do you keep a **record of attendance** for your YA program?

☐ Yes    ☐ No

20. About how many of the children registered for this YA class usually attend each session?

☐ All of them

☐ Most of them

☐ Some of them

☐ Only a few of them

21. In this class, what do most of the children do?

☐ Watch the activities

☐ Actively participate in **some** of the activities

☐ Actively participate in **all or most** of the activities

**22.** Are parents or guardians expected to attend this YA class?

☐ Yes

☐ No

**23.** About how many of the parents/guardians usually attend each session?

☐ All of them

☐ Most of them

☐ Some of them

☐ Only a few of them

**24.** When parents/guardians attend this YA class, what do they usually do during the session?

☐ Watch the activities

☐ Actively participate in **some** of the activities with the children

☐ Actively participate in **all or most** of the activities with the children

## Skill Areas from the Activity Guide

*In this section we would like you to think about the activities for each skill area in the Activity Guide.*

### 25. Foundational Skills

**8 activities:** Body Awareness: Scarf games, Sports Song, If You're Happy; Awareness & Fitness: I Spy, Obstacle Course; Strengthening & Fitness: Inchworm Wiggle, Bunny Hop, Bridges and Tunnels

**25a.** How many activities in the Foundational Skills area did you do?

- ☐ All/ Most → **If All/Most, go to Question 26**
- ☐ Some
- ☐ None

**25b.** What were your reasons for not doing some of the Foundational Skills activities? (Check all that apply.)

- ☐ Too difficult because of children's ages
- ☐ Too difficult because of children's disabilities
- ☐ Too easy for children
- ☐ Unsuitable (babyish) for older children
- ☐ Other → Please describe: \_\_\_\_\_

### 26. Walking & Running Skills

**6 activities:** Follow the Leader, Follow the Path, Side Stepping, Obstacle Course, Running Styles, and Run and Carry

**26a.** How many activities in the Walking & Running skills area did you do?

- ☐ All/ Most → **If All/Most, go to Question 27**
- ☐ Some
- ☐ None

**26b.** What were your reasons for not doing some of the Walking & Running activities? (Check all that apply.)

- ☐ Too difficult because of children's ages
- ☐ Too difficult because of children's disabilities
- ☐ Too easy for children
- ☐ Unsuitable (babyish) for older children
- ☐ Other → Please describe: \_\_\_\_\_

## 27. Balance & Jumping Skills

**7 activities:** Coach Says, Balance Beam, Foot Trap, Step and Jump, Jumping High, Frog Hopping, and Leaping Lizards

**27a.** How many activities in the Balancing & Jumping skill area did you do?

☐ All/ Most → **If All/Most, go to Question 28**

☐ Some

☐ None

**27b.** What were your reasons for not doing some of the Balancing & Jumping activities? (Check all that apply.)

☐ Too difficult because of children's ages

☐ Too difficult because of children's disabilities

☐ Too easy for children

☐ Unsuitable (babyish) for older children

☐ Other → Please describe: \_\_\_\_\_

## 28. Trapping & Catching Skills

**6 activities:** Rolling & Trapping, Goalie Drill, Big Ball Catch, Bean Bag Catch, High Ball Catch, and Bounce Catch

**28a.** How many activities in the Trapping & Catching skill area did you do?

☐ All/ Most → **If All/Most, go to Question 29**

☐ Some

☐ None

**28b.** What were your reasons for not doing some of the Trapping & Catching activities? (Check all that apply.)

☐ Too difficult because of children's ages

☐ Too difficult because of children's disabilities

☐ Too easy for children

☐ Unsuitable (babyish) for older children

☐ Other → Please describe: \_\_\_\_\_

## 29. Throwing Skills

**6 activities:** Rolling, 2-Hand Underhand One-Hand Toss, 2-Hand Toss, Overhand Throwing, Throwing for Distance & Accuracy

**29a.** How many activities in the Throwing skill area did you do?

- ☐ All/ Most → **If All/Most, go to Question 30**
- ☐ Some
- ☐ None

**29b.** What were your reasons for not doing some of the Throwing activities? (Check all that apply.)

- ☐ Too difficult because of children's ages
- ☐ Too easy for children
- ☐ Too difficult because of children's disabilities
- ☐ Unsuitable (babyish) for older children
- ☐ Other → Please describe: \_\_\_\_\_

## 30. Striking Skills

**6 activities:** Handball, Ball Trapping, Beginning & Intermediate Tennis/Softball, Side Striking, and Beginning Hockey

**30a.** How many activities in the Striking skill area did you do?

- ☐ All/ Most → **If All/Most, go to Question 31**
- ☐ Some
- ☐ None

**30b.** What were your reasons for not doing some of the Striking activities? (Check all that apply.)

- ☐ Too difficult because of children's ages
- ☐ Too easy for children
- ☐ Too difficult because of children's disabilities
- ☐ Unsuitable (babyish) for older children
- ☐ Other → Please describe: \_\_\_\_\_

### 31. Kicking Skills

**5 activities:** Penalty Kick Prep, Kicking for Distance, Kicking for Accuracy, Kickball, and Give & Go

**31a.** How many activities in the Kicking skill area did you do?

- ☐ All/ Most → **If All/Most, go to Question 32**
- ☐ Some
- ☐ None

**31b.** What were your reasons for not doing some of the Kicking activities? (Check all that apply.)

- ☐ Too difficult because of children's ages
- ☐ Too difficult because of children's disabilities
- ☐ Unsuitable (babyish) for older children
- ☐ Too easy for children
- ☐ Other → Please describe: \_\_\_\_\_

### 32. Advanced Skills

**5 activities:** Bounce and Catch, Dribble, Punting, and Galloping and Skipping

**32a.** How many activities in the Advanced Skills area did you do?

- ☐ All/ Most → **If All/Most, go to Question 33**
- ☐ Some
- ☐ None

**32b.** What were your reasons for not doing some of the Advanced Skills activities? (Check all that apply.)

- ☐ Too difficult because of children's ages
- ☐ Too difficult because of children's disabilities
- ☐ Too easy for children
- ☐ Unsuitable (babyish) for older children
- ☐ Other → Please describe: \_\_\_\_\_

## Structure of this Young Athletes Class

*In this section we would like you to help us understand how you structure and lead this YA class.*

**33.** Is this YA class part of an existing class or program?

☐ Yes

☐ No → **If No, go to Question 35**

**34.** What class is it part of? (Please check all that apply)

☐ PE

☐ Occupational Therapy

☐ Adaptive PE

☐ Physical Therapy

☐ Motor Lab

☐ Other → Please describe: \_\_\_\_\_

**35.** In addition to activities from the YA Activity Guide, what other things do you usually do in this class? (Please check all that apply)

☐ Welcome/opening activity for children

☐ Social time/unstructured play time

☐ Welcome/opening activity for parents

☐ Family time

☐ Warm-up exercises

☐ Cool-down exercises

☐ Ending/good-bye activity for children

☐ Other → Please describe: \_\_\_\_\_

☐ Ending/good-bye activity for parents

**36.** Teachers and coaches use a variety of techniques when leading Young Athletes. Which of the following techniques have you used? (Please check all that apply)

☐ Adjusting the pace and duration of the activities

☐ Having all children do all the activities together at the same time

☐ Having children complete different activities simultaneously (using stations or centers)

☐ Creating additional lesson plans to supplement the Activity Guide

☐ Adding components to existing equipment (such as adding tactile, visual, or auditory components)

☐ Systematic use of prompts and praise

☐ Systematic use of tangible rewards (such as stickers, toys, or food)

☐ Other → Please describe: \_\_\_\_\_

**37.** Which of the following communication strategies have you used in this YA class? (Please check all that apply)

- ☐ Sign language
- ☐ PECS (Picture Exchange Communication System)
- ☐ Communication Boards
- ☐ Braille
- ☐ Presentation of material in multiple languages → Please list languages:
- ☐ Other → Please describe: \_\_\_\_\_

**38.** Teachers and coaches sometimes use different techniques to measure progress on YA activities. Which of the following have you used in this YA class? (Please check all that apply.)

- ☐ A record of planned and completed YA activities
- ☐ A personal log or journal with anecdotal notes of child progress
- ☐ Skill Progression Checklist in the YA Activity Guide
- ☐ Individualized Education Plans (IEP) objectives or goals
- ☐ Assessment tool or standards approved by your school district
- ☐ Other → Please describe: \_\_\_\_\_



## Equipment

- 39.** Did you use the following pieces of equipment that were sent to you in the YA Equipment Kit? If answering no, please provide a brief explanation as to why you did not use the item.

Balance Beam	<input type="checkbox"/> Yes <input type="checkbox"/> No → Why didn't you use it? _____ _____
Beach Ball	<input type="checkbox"/> Yes <input type="checkbox"/> No → Why didn't you use it? _____ _____
Bean Bags	<input type="checkbox"/> Yes <input type="checkbox"/> No → Why didn't you use it? _____ _____
Cones	<input type="checkbox"/> Yes <input type="checkbox"/> No → Why didn't you use it? _____ _____
Large Blocks (Plastic or Styrofoam)	<input type="checkbox"/> Yes <input type="checkbox"/> No → Why didn't you use it? _____ _____
Dowels	<input type="checkbox"/> Yes <input type="checkbox"/> No → Why didn't you use it? _____ _____
Floor Markers (Stars)	<input type="checkbox"/> Yes <input type="checkbox"/> No → Why didn't you use it? _____ _____
Hoops	<input type="checkbox"/> Yes <input type="checkbox"/> No → Why didn't you use it? _____ _____
Paddle	<input type="checkbox"/> Yes <input type="checkbox"/> No → Why didn't you use it? _____ _____
Scarves	<input type="checkbox"/> Yes <input type="checkbox"/> No → Why didn't you use it? _____ _____

Slow Motion Ball (Gertie)	<input type="checkbox"/> Yes <input type="checkbox"/> No → Why didn't you use it? _____ _____
Small Foam Ball	<input type="checkbox"/> Yes <input type="checkbox"/> No → Why didn't you use it? _____ _____

**40.** What were the reasons for adding or substituting equipment? (Check all that apply.)

- ☐ No additions or substitutions were made → **Go to Question 41**
- ☐ To increase level of participation
- ☐ Not enough equipment in kit
- ☐ To accommodate children's skill levels
- ☐ Equipment in kit did not match activity
- ☐ Equipment in kit broke during use
- ☐ Other → Please describe: \_\_\_\_\_

## Benefits

*In this section we would like you to think about benefits you have seen for children and general benefits for children and families.*

**41.** We know that the children in this YA class are all different and that they started the YA program at different skill levels. In general, how would describe the overall improvement of the children in this class in each of the following areas?

	<b>No improvement</b>	<b>A little improvement</b>	<b>A moderate amount of improvement</b>	<b>A lot of improvement</b>
<b>Motor Abilities</b> (such as walking, running, jumping, ball handling, coordination, and balance)	[ ]	[ ]	[ ]	[ ]
<b>Social Abilities</b> (such as interactions with other children and adults)	[ ]	[ ]	[ ]	[ ]
<b>Communication Abilities</b> (such as listening, speaking, or signing)	[ ]	[ ]	[ ]	[ ]
<b>Cognitive Abilities</b> (such as knowledge of body parts, color and object recognition, directional concepts (up/down), and memory)	[ ]	[ ]	[ ]	[ ]
<b>Adaptive Abilities/Daily Living Skills</b> (such as helping set up or put away materials, increased attention span, eye contact, ability to follow directions and putting jacket on)	[ ]	[ ]	[ ]	[ ]

**42.** Please give some specific examples of skills and behaviors where you saw improvement in this YA class.

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### Note for those leading more than one YA class:

You only have to fill out Questions 43 - 59 **one time**. For the remainder of the survey, please think about **all** the classes that you lead.

43. Sometimes skills learned in one setting carry-over into other settings. Have parents or teachers reported carry-over of YA skills (such as being better able to follow directions in class, ease in climbing stairs at home, etc.)?

☐ Yes

☐ No → If No, go to Question 45

44. Please give some specific examples of carry-over of YA skills.

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45. In addition to improvement in skill areas, there are many other benefits to participation in Young Athletes. Which of the following benefits did you observe? (Please check all that apply.)

☐ Children having fun while playing with peers

☐ Children working on their IEP goals

☐ Parents enjoying watching their child do the YA activities

☐ Parents getting information related to their child's disability

☐ Parents getting support through networking with other families who have a child with a disability

☐ Parents learning new ways for working with their child

☐ Parents raising their expectations about what their child is capable of doing

☐ Teachers raising their expectations about what their student is capable of doing

☐ Opportunities for service learning and volunteerism

☐ Other → Please describe: \_\_\_\_\_

46. In your opinion, what is the most important benefit of participating in the YA program?

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## Challenges

*In this section we would like to ask you to think about the challenges faced by families and YA leaders while involved with Young Athletes Programs.*

**47.** Families sometimes face challenges as they parent a young child with disabilities. Which of the following challenges did you observe in your YA families? (Please check all that apply.)

- ☐ Difficulty adjusting to having a child with a disability
- ☐ Reluctance in allowing their child to participate in YA
- ☐ Difficulty knowing how to play/work with their child
- ☐ Difficulty communicating with their child
- ☐ Difficulty talking about their child's needs

☐ Other → Please describe: \_\_\_\_\_

**48.** Have any of the following been problems for you as you lead your YA program?

a. Scheduling YA sessions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Other activities competing for space	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Attendance of children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Transportation of children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Attendance of children's parents/guardians	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Communication with children's parents/guardians	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Communication with SO staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**49.** Have you had any other problems running your YA program?

☐ Yes

☐ No → If No, go to Question 50

**49a.** Please describe the problems you have had.

---



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## Improving the Young Athletes Program

*We would like to know your ideas about how to improve training and any suggestions you might have to improve future YA programs.*

**50.** Which training activities did you do as you prepared to lead Young Athletes? (Check all that apply.)

a. Saw a Young Athletes demonstration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Saw the Young Athletes DVD	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Read the Young Athletes Activity Guide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Other → Please describe: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**51.** What additional training would be beneficial to those who lead YA?

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**52.** What do you suggest should happen to each of the following features of the program?

Activity Guide	<input type="checkbox"/> Keep it the same  <input type="checkbox"/> Delete it → Why? _____  <input type="checkbox"/> Change it → How? _____
DVD Accompanying Activity Guide	<input type="checkbox"/> Keep it the same  <input type="checkbox"/> Delete it → Why? _____  <input type="checkbox"/> Change it → How? _____
Skill Progression Checklist	<input type="checkbox"/> Keep it the same  <input type="checkbox"/> Delete it → Why? _____  <input type="checkbox"/> Change it → How? _____

Kit of Equipment	<input type="checkbox"/> Keep it the same  <input type="checkbox"/> Delete it → Why? _____  <input type="checkbox"/> Change it → How? _____
------------------	---

**53.** What are other suggestions you have to help improve the Young Athletes program?

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## About You

*Thank you for taking time to answer questions about your program. In closing we would like you to tell us a little about yourself.*

**54.** Are you male or female?

- ☐ Male
- ☐ Female

**55.** What is your age?

- ☐ Under 30
- ☐ 30 to 39
- ☐ 40 to 49
- ☐ 50 to 59
- ☐ 60 or older

**56.** Which best describes your race/ethnicity?

- ☐ White
- ☐ Black or African American
- ☐ Latino or Hispanic
- ☐ Asian
- ☐ Other → Please describe: \_\_\_\_\_

**57.** How long have you worked with Special Olympics?

- ☐ Less than 1 year
- ☐ 1 - 3 years
- ☐ 4 - 5 years
- ☐ More than 5 years

**58.** Other than leading Young Athletes, what do/did you do in Special Olympics? (Please check all that apply.)

- ☐ SO Coach
- ☐ Parent of athlete
- ☐ Volunteer
- ☐ Other → Please describe: \_\_\_\_\_

**59.** Other than leading Young Athletes, what is your role or job?

- ☐ Regular Physical Education teacher
- ☐ Adaptive Physical Education teacher
- ☐ General Education teacher
- ☐ Special Education teacher
- ☐ Teacher's Assistant
- ☐ Physical Therapist
- ☐ SO Staff
- ☐ Other → Please describe:

**THANK YOU SO MUCH FOR YOUR HELP!**



**Appendix F**  
**Parent Interview Questions and Issues with Sampling**

## Young Athletes Parent Interviews

## Goals and Expectations

- 1. What were your reasons (goals) for participating in Young Athletes? [Or why did you want your child to participate in YA?]**
- 2. Were your goals for your child in the YA program met? Unmet? Exceeded? Please explain.**
- 3. Since your child has been in Young Athletes, have you changed your expectations for your child or your view of your child as a result of being in YA? If so, how?**  
**[Prompt: Changed their expectations/goals/view about you child's abilities, or your child within your family, school and/or community activities]**
- 4. What are your goals for your child in the coming year?**

### **Benefits : Child Impact**

*Many YA coaches and teachers reported changes in children's skills and behaviors during Young Athletes in the areas of motor or social abilities, communication or daily living skills.*

*We would like to know if you have seen improvements in your child **at home** in these areas. As I read each area please let me know if you saw **1) no improvement, 2) a little improvement, 3) a moderate amount of improvement, 4) a lot of improvement.** [If the response is a moderate or lot of improvement, ask, “Could you give me an example of a skill or behavior that you saw improvement?”]*

**Note: Enter the assigned code under column corresponding to parent response for each developmental domain.**

**Motor Abilities (such as walking, running, jumping, ball handling, coordination, and balance)**

1 No I.	2 A Little I.	3. Moderate I.	4. Lot of I.	Example of a Specific Skill or Behavior

**Social Abilities (such as interactions with other children and adults)**

<b>1 No I.</b>	<b>2 A Little I.</b>	<b>3. Moderate I.</b>	<b>4. Lot of I.</b>	<b>Example of a Specific Skill or Behavior</b>

**Communication Abilities (such as listening, speaking, or signing)**

<b>1 No I.</b>	<b>2 A Little I.</b>	<b>3. Moderate I.</b>	<b>4. Lot of I.</b>	<b>Example of a Specific Skill or Behavior</b>

**Cognitive Abilities (such as knowledge of body parts, color and object recognition, directional concepts (up/down), and memory)**

<b>1 No I.</b>	<b>2 A Little I.</b>	<b>3. Moderate I.</b>	<b>4. Lot of I.</b>	<b>Example of a Specific Skill or Behavior</b>

**Adaptive Abilities/Daily Living Skills (such as helping set up or put away materials, increased attention span, eye contact, ability to follow directions and putting jacket on)**

<b>1 No I.</b>	<b>2 A Little I.</b>	<b>3. Moderate I.</b>	<b>4. Lot of I.</b>	<b>Example of a Specific Skill or Behavior</b>

*Overall, what do you think are the benefits for **children** who participate in Young Athletes?*

Code	Response

### **Family Impact and Other Benefits**

*Have you noticed any **changes in your family** (or impact on your family) as a result of participation in Young Athletes?*

*(Parents received support or information, learned how to play with your child)?*

Code	Response

*Overall, what do you think are the benefits for **families** who have a child in Young Athletes?*

Code	Response

### **Future Involvement and Suggestions for Future Programs**

*In closing, I would like to ask about your future involvement in SO and YA and suggestions for future YA programs*

1. In the future, do you plan to be involved with <b>Young Athletes Program</b> ?	NO	YES	If yes, how?
2. In the future, do you plan to be involved with <b>Special Olympics</b> ?			

**Use of YA at Home** (**Ask this only if they answered YES to question 3 on page 1.**)

4. You mentioned that you used YA at home. If yes, please describe how it was used at home:

a. How often did you use it?

b. Who lead the activities

c. Who else participated? Parents, Siblings, Extended Family, Neighbors, Babysitter, Other:

d. Were there some things that worked really well? If so, could you please describe these?

e. Were there some things that did not work too well? If so, could you please describe these?

If you have any suggestions for improving Young Athletes, could you share these with us? (Equipment, Activity Guide, DVD, etc.) (Communication about YA, Registration, Transportation, etc.)

Code	Response

Is there anything else you would like to share with us about YA or your experience with YA?

Code	Response

**Thank you so much for your time!**

**Young Athletes Parent Interviews**  
**Notes about Issues with Sampling**  
**April 28, 2006**

Note: In this document the following terms are used interchangeable to reflect the reality that both terms are used in different sites in the U.S. for those who lead Young Athletes.

“YA coach” is used interchangeably with the term “YA teacher”

“YA group” is used interchangeably with the term “YA classes”

There were challenges to obtaining an unbiased representative sample with regard to parent interviews. There are several reasons which made unbiased proportional sampling across all YA programs in the evaluation process impossible.

- We lack the YA Registration Forms needed to contact families from all programs in whole states (Illinois, Iowa, New York).
- We lack the YA Registration Forms needed to contact families from partial states (North Carolina, Texas).(Some, but not all submitted.)
- While we asked that every coach/teacher who leads a YA group (in Iowa, North Carolina, New Jersey, New York, and Texas) to participate in the evaluation process (complete the YA Registration forms, complete the YA Survey), we do not have every YA group represented in all of these states. There are many reasons for this poor return rate. Two key reasons are
  - the YA Registration Forms were sent out *after* the programs had started which resulted in delays and difficulties reconnecting with parents.
  - YA experienced a rolling start (everyone starting at different times). Because of the rolling start, some programs were not eligible to be a part of the evaluation process as they had not met for the minimum criteria of 8 weeks of An implementation to be included.
- There is wide variability in number of YA groups (and coaches) in each state. The range is from 2-17 YA coaches in each state. Because of this, we needed to ensure that states were not over-represented (North Carolina and Texas with 17 and 14 YA groups, respectively) or under-represented (Iowa and New York with 2 and 4 YA groups, respectively).

For these reasons we were not able to select a proportional sample of all families who participated in Young Athletes in all participating states in the United States.

For the purpose of determining the sample to be interviewed, we followed these steps:

1. Select 2 -3 YA teachers from each state using the following criteria:
  - Teachers from different schools or school districts within the same state

- Teachers from different type of program (Head Start versus public school) within the same state
  - Teachers from different geographical regions within the same state
  - Teachers who have distinct differences in their YA group with regard to disability and/or age different within the same state
2. Once 2-3 YA teachers are selected from states who submitted YA Registration forms (using the above criteria), four parents from each teacher's YA group who agreed to be interviewed will be selected.
    - Select parents who represent a range of differences with regard to child's
      - Gender
      - Age
      - Disability (if known)
      - Family Composition and/or size
  3. If only 1-3 teachers send in YARF from a state, 4 families from each teacher will be selected from each using the criteria outlines in #2 for selection of parents.
  4. Before or after the interview, call/email the teacher to confirm that their child is in the selected coach/teacher's YA group.

**Young Athletes Parent Interviews**  
**Notes about Interview Questions**  
**April 28, 2006**

Questions were developed according to the content outlined in the original proposal with one exception. Questions related to family current and future concerns were omitted and general aspirations for their child (related to healthcare, employment and educational opportunities, etc.).

Reasons for omission included:

1. While the content of these questions is good, we were conscious of the scope of our role in evaluating Young Athletes programs. Specifically, we had concerns about raising questions with about their concerns and needs when we were not prepared to offer solutions, resources, or help for the concerns they raised.
2. In addition, while collecting YA data we were informed by a few of the YA staff in the field that families were dealing with many challenges as they were parenting a young child with disabilities. Some of these challenges included adjustment to discovering their child had a disability, adjustment within family life with a child with a disability, learning about the resources in their town or community, time needed to seek support, difficulty talking about their child's disability, seeing their child for the first time with other children with disabilities. Given the breadth and depth of these challenges reported by staff, we made a decision not to raise questions related to broader, long term issues such as healthcare, employment and educational opportunities given that we were not in a position to offer resource referral across multiple states and towns and that staff reported families were reportedly already stressed on many levels related to having a child with a disability.

**Appendix G**  
**Letter of Introduction**





October 27, 2005

Holli Foye, VP of Field Services  
Special Olympics Texas  
7715 Chevy Chase Dr. Ste. 120  
Austin, TX 78752

Dear Holli,

Congratulations on receiving your kit of Young Athletes materials. We are delighted that you will be a part of the piloting of this exciting new program. As you get started we wanted to remind you that we will be calling upon you to assist in the evaluation of Special Olympics Young Athletes (YA). While your contribution to the evaluation will be limited from a time perspective, we are confident that the potential value of your input will be great. The results of the YA evaluation will be used to improve future Young Athletes programs around the world. Such research and evaluation will be critical to the effective global expansion of Young Athletes in the following years.

We are fortunate to have Dr. Gary Siperstein and Dr. Paddy Favazza at the University of Massachusetts (UMB) leading this evaluation. You may remember Dr. Siperstein, who led the research and evaluation of the Unified Sports Program and Multinational Survey of Public Attitudes that SOI released during the 2003 World Summer Games. Dr. Paddy Favazza, who recently joined UMB, brings 28 years in the field of special education as a former Special Olympics coach and teacher in special education, professor and researcher in early childhood special education. She and Dr. Siperstein have developed a comprehensive approach to the YA evaluation that will entail gathering information from both YA staff and family members. We are delighted to utilize the expertise of these two individuals who are deeply committed to Young Athletes and their families.

Dr. Siperstein will serve as the Principal Investigator of this evaluation study while Dr. Favazza will provide direct oversight of the evaluation. Dr. Favazza will work closely with Meredith Maslich, our SOI program development consultant, to coordinate these evaluation efforts. In the weeks ahead, Dr. Favazza will be in contact with you regarding the evaluation process. Periodically you will be asked to respond to surveys related to program and participant descriptions, YA materials, activity guides, and logistics of implementing your program. All of the information will be used internally for the continued development of the Special Olympics Young Athletes program.

It is important that you know how valuable you are to the evaluation process. In short, you will play a critical role in shaping future Special Olympics Young Athletes around the world. In addition, we will be providing support to your Program this year and in years to come as we introduce young children and their families to the Young Athletes Program. Thank you in advance for responding to these requests for information in a timely fashion and with accuracy. We want to hear from you and value your contribution to the evaluation process.

Initial information to you from Dr. Favazza should be coming in the next several weeks. In the meantime, if you have any questions, please contact

Dr. Paddy Favazza (617.287.7250) [paddy.favazza@umb.edu](mailto:paddy.favazza@umb.edu) or  
Ms. Meredith Maslich (202.824.0232) [mmaslich@specialolympics.org](mailto:mmaslich@specialolympics.org) .

Best wishes to you and the families and children in your Young Athletes Program in the upcoming year.

All the best,

Helen MacNabb  
Special Olympics Vice President,  
Organizational Development

CC Dr. Paddy C. Favazza,  
Margaret Lawson, Executive Director  
Meredith Maslich, Program Development Consultant  
Beth Aldridge, Regional Staff

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*Created by the Joseph P. Kennedy, Jr. Foundation. Authorized and Accredited by Special Olympics, Inc., for the Benefit of Persons with Mental Retardation.*

**Appendix H**  
**Guide to Entering Online Survey and Accompanying Letters**

[Initial E-mail Invitation]

Dear <<Name>>:

You are invited to participate in the Young Athletes Survey for Special Olympics. The purpose of this survey is to gain information about the Young Athletes (YA) program from coaches and teachers who lead Young Athletes groups. Survey questions will focus on how your YA group is structured, your views about the benefits and challenges associated with Young Athletes programs, and your ideas for improvement.

The YA survey is available on the web and should take about 15-20 minutes to complete. Below you will find the web link to the survey and a Survey ID number.

Survey URL: <http://www.csr.umb.edu/xxxxxxxxx>

Survey ID: <<ID>>

Kindly follow the instructions on the screen to enter your survey ID and begin the survey. When you have completed the survey, click the "Submit" button on the last page to have your responses recorded. **Until you hit "Submit," none of your answers will be saved.** So, you will need to complete the survey in one sitting. *Please submit the completed survey by May 5, 2006.*

**If you experience any technical difficulties** in responding to this survey, please contact Georgi XXXXX

**If you lead more than one YA class/group**, please contact Paddy Favazza.

Thank you in advance for all of your help with this important project!

Paddy C. Favazza, Ed.D.  
Center for Social Development and Education  
University of Massachusetts  
Boston, MA 02125-3393  
[paddy.favazza@umb.edu](mailto:paddy.favazza@umb.edu).  
617.287.7248 (Phone)

[Initial E-mail Invitation]

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The YA survey is available on the web and should take about 15-20 minutes to complete.

**Since you lead 4 or more YA classes/groups, you need to select three different YA groups on which to focus as you complete the survey.** These classes/groups can be chosen because of the different ages of children, level of ability of the children, or differences in how you structure or run the class/group. (The email yesterday describes in detail how to choose your groups. If you have any questions, please call or email

Below you will find the web link to the survey and a Survey ID number for each of the 3 YA class/group you have chosen. ***Please complete the survey using the Survey ID number that starts with “1” first.***

Survey URL: <http://www.csr.umb.edu/xxxxxxxxx>  
Survey ID: <<ID>>  
Survey ID: <<ID>>  
Survey ID: <<ID>>

The survey has some questions about each specific class/group you lead (which is why we are asking you to fill out multiple surveys). Other questions are about you and your feelings about Young Athletes in general. You will only have to answer these kinds of questions once.

Kindly follow the instructions on the screen to enter your first survey ID number and begin the survey. When you have completed the survey, click the “Submit” button on the last page to have your responses recorded. **Until you hit “Submit,” none of your answers will be saved.** So, you will need to complete each survey in one sitting. *You do not have to complete all of your YA surveys in one sitting. . Please submit the completed survey by May 5, 2006.*

**If you experience any technical difficulties** responding to this survey, please contact Georgi.

**If there is an error in the number of YA classes/groups you lead,** (you have either too many or too few ID numbers), please contact Paddy Favazza.

Thank you in advance for all of your help with this important project!

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University of Massachusetts  
Boston, MA 02125-3393  
[paddy.favazza@umb.edu](mailto:paddy.favazza@umb.edu).  
617.287.7248 (Phone)  
[Initial E-mail Invitation]

Dear <<Name>>:

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Survey URL: <http://www.csr.umb.edu/xxxxxxxxx>  
Survey ID: <<ID>>  
Survey ID: <<ID>>  
[Survey ID: <<ID>>]

The survey has some questions about each specific class/group you lead (which is why we are asking you to fill out multiple surveys). Other questions are about you and your feelings about Young Athletes in general. You will only have to answer these kinds of questions once.

Kindly follow the instructions on the screen to enter your first survey ID number and begin the survey. When you have completed the survey, click the “Submit” button on the last page to have your responses recorded. **Until you hit “Submit,” none of your answers will be saved.** So, you will need to complete each survey in one sitting. *You do not have to complete all of your YA surveys in one sitting. Please submit the completed survey by May 5, 2006.*

**If you experience any technical difficulties** responding to this survey, please contact Georgi.

**If there is an error in the number of YA classes/groups you lead**, (you have either too many or too few ID numbers), please contact Paddy Favazza.

Thank you in advance for all of your help with this important project!

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**Appendix I**  
**Program Implementation: Ideas for Improvement**

### **Program Implementation: Ideas for Improvement**

- Further examination of the need for creating materials for parents in Spanish (or other languages) that are ready for on-line use as needed by programs. Some teachers expressed the need to have the program translated in Spanish to support better understanding among Spanish speaking parents about the content of the program and ease of registration.
- If a large percentage of programs continue to use Picture Exchange System (PECS) and communication boards, a relatively easy support would be to develop and provide PECS pictures to accompany basic steps of program or website links to PECS to enable teachers to download as needed, tailoring the needs of their program.
- Consider using inserts for teachers and parents such as “Helpful Hints for Playing with Your Child” and/or “Helpful Hints About Teaching Younger Children” as a one page insert with bullets of specific suggestions that could improve quality of the Young Athletes implementation when working with young children with developmental disabilities (who might have limits in attention span, eye contact, communication, and so on). As one PE coach said, “I have never worked with kids so young. I have no idea how to work with them and keep them all on task.”
- Some Young Athletes programs experienced management and logistical issues. For example, some programs have a large number of children, while others were implemented in small groups. Some programs had inadequate number of adults which could minimize the impact of the program and does not allow the teacher to provide individual direction or assistance to children. Some teachers indicated they had not been trained. Some had space that was not free to other distraction or indicated there was not enough space to accommodate the activities. While other had too much space, making it was difficult to manage all of the children. Given all of these variances, it would be important to provide guidelines as to what would be considered optimal for quality and size of space, group size, adult-child ratio with consideration for children who need more individualized support , and assist with problem solving (options for reducing adult/child ratio, etc.).



**Appendix J**  
**Activity Guide: Ideas for Improvement**

### **Activity Guide: Ideas for Improvement**

- Within the introduction, a reference is made to the activities, indicating that they reflect two levels of play: Level One focuses on developing motor tracking and eye-hand coordination play) and Level Two focuses on application of these physical activities through sports skill activities. These levels do not appear anywhere else in the text. In addition, if you keep the “leveling” description, highlight these within text of Activity Guide and DVD.
- Create a grid for each section that highlights the pre-requisite skills that are needed or the skills that are supported within a particular activity. This could be likened to a curriculum based assessment format that draws the teacher or parent’s attention to the multiple goals and skills within a single activity. It may also provide a means to observe more subtle gains in children and gains across developmental domains and therefore, could serve as a tool to monitor gains.
- Some teachers stated they did not have the same information (Skill Progression Checklist) in their Activity Guide as others. In addition, some teachers had not seen the Activity Guide. It would be important that all have access to the same materials.
- Create lessons matching the activities with suggestions for working with children who are lower or higher functioning.
- Consider developing / adding adaptations for children who are lower functioning or have additional issues (visual, auditory, motoric challenges.)
- Activities in general do not represent other cultures. Consider using Culturally and Linguistically Appropriate Services (CLAS, 2006) to evaluate the materials relative to multicultural sensitivity and/or, ask for suggestions from the field of experts (teachers) who implement Young Athletes of ways to make activities more multicultural in nature. (See Appendix M. Position Statement from Council for Exceptional Children’s (CEC) Division of Early Childhood (DEC) on Cultural Diversity).
- Ensure consistency across programs. Some programs (e.g., New Jersey) might have been using a different (original Pilot Version of the Activity Guide) and/or equipment. It would be good if programs were using the same Activity Guide and that all YA coaches had access to all features of the program.
- Omit the evaluation at the back of the Activity Guide or better connect it to the overall evaluation. Some confusion was created by the inclusion of an evaluation at the end of the Activity Guide and the larger evaluation. One program sent their completed forms and thought they had participated in the larger evaluation process.

**Appendix K**  
**Skill Progression Checklist:**  
**Ideas for Improvement**

### **Skill Progression Checklist: Ideas for Improvement**

- Revise and expand the Skill Progression Checklist to create a grid of skill of skills that matches each activity, much like a Curriculum Based Assessment to accompany each section (skill area) that encompass the potential benefits.
- The retooled Skill Progression Checklist could include (but not be limited to) the following:
  - Questions related to skills in underlying adaptive behaviors, communication and social, and cognitive domains
  - Questions about carry-over (generalization or transfer of skills) to encourage teachers and parents to support skills in other parts of the child's life and to look for evidence of skill usage in other parts of their life. This could also include questions for and about family and school impact that would serve to inform families of what is being covered, encourage use of the same activities at home, and encourage parents to look for gains in skill areas across school and home settings. (i.e., developmental gains as well as relational changes with peers, siblings; ability to play with others; etc.)
  - Questions for parents and teachers that require self reflection of observed changes in themselves and others that may be subtle and tangential in nature, yet significant (i.e., raised expectations about child's abilities, perceptions about children with disabilities, family dynamics and pride).
- If revised, tie it closely to Activities Guide (as is suggested above) each section would have its own checklist. These should be skill specific and broad enough to cover other skills (social, communication, adaptive behavior). The more global questions (raised expectations would not be used with each section, but rather as a summative reflection of broader impact.
- If Young Athletes continues to be used by schools, it may be important to demonstrate how teachers could tie Young Athlete progress to tools from their school district. This would be a major undertaking, but if a school district were to adopt the Young Athletes as a means to support motor and social development, it would be critical to connect it to district measures.
- Consider selecting tools to measure gains in specific developmental areas such as language and communication skills, social development, and adaptive behaviors.

**Appendix L**  
**Use of Technology and DVD: Ideas for Improvement**

## Use of Technology and DVD: Ideas for Improvement

- Before remaking the video, consider all of the input to determine directions for revised DVD prior to expending resources for video production.
- If the Young Athletes programs continue to have three models of implementation, it would be good idea to demonstrate all three in the video. Some teachers saw the video and thought it did not show how their program is run. For example, many programs are implemented without parents and yet the video showed a “Mommy and Me” type of program. All models of implementation need to be depicted in video.
- The equipment used in the video needs to match the equipment used in programs or point out the substitutions. This was confusing for some parents and teachers.
- Some teachers are excellent at creating adaptations to *activities* or incorporating communication systems (such as PECS) into the program while other teachers struggle for ideas for adapting some of the curriculum for children who have additional challenges. We suggest showing some of the adaptations that could be added to the activities to maximize the potential outcome of the program. For example, if there are ways to make an activity easier or more challenging, it would be helpful to add this to the Activity Guide and the DVD.
- Include specific activities and suggestions of how to adapt *equipment* or activities for children who are lower and higher functioning to correspond to a similar addition to Activity Guide. These should be integrated into the current video or made as separate videos depicting adaptations to each skill area.
- Both the DVD training video and any promotional videos need to be examined to ensure that they do not have too many children in the video as some parents (and teachers) may have difficulty visualizing Young Athletes with large groups of children or get the message that large group is the *only* way to implement the program *or* is always developmentally appropriate for younger children. By providing a depiction of only large group implementation without providing qualifying information (i.e., about the appropriate adult child ratio for younger children), teachers structure a program that is less than optimal without being aware of such guidelines.
- If teachers provide large group activities, what are the other children doing when they focus on one child at a time within the larger group? On the DVD, teachers may benefit from suggestions about program structure when they are individualizing instruction within a group setting.
- A range of children with different disabilities and different ages should be depicted to enable a parent or teacher to see characteristics and behaviors in children that are present, to see that it is structured differently for younger or more involved children.
- The age of the child often dictates the structure of the program. For example, older children and/or higher functioning children move through the activities in different ways and pace and may be more independent. This range in activities and abilities would be good to capture.
- Minimize background distraction (visual and auditory) in the DVD to enable the viewer to see more specific (up close) instruction that correlate Young Athletes activities, tips, and suggestions.
- A separate DVD could be developed depicting the Closing (Culminating Events), as most programs have these types of activities. Some parents reported that closing ceremonies or culminating activities were poorly run, resulting in long waits in the heat for children 3-5 years olds with disabilities and other health related issues. Parents suggested that programs would benefit from viewing (on video) how other programs smoothly execute these culminating activities for younger children with disabilities. As one parent pointed out, “aside from the fact that our children have other comprising health issue, they are also only 3-5 years of age. Waiting for long periods of time while holding heavy flags while speeches are being made was developmentally inappropriate.” At the same time as providing this valuable input, parents also reported

that “sometimes we are reluctant to speak up because we are so appreciative of the program and the efforts made by all of the teachers.”

- Parent’s comments about the Young Athletes program were included in one of the promotional videos. Their keen observations and views about the program from the parent perspective could be added at the end of the DVD along with those by Young Athletes teachers (listing their titles, such as Physical Therapist, Adapted PE teacher, special education teacher). These “testimonials” are inspiring, would be helpful for parents and teachers to see. Also, having teachers who represent different disciplines is an excellent way to demonstrate the range of involvement from different disciplines in educational community.
- The DVD could be used as a tool to promote the value of “evidence based practice” and generalization. For example, the DVD content could include scenes of teacher’s registering children, taking attendance, monitoring progress (e.g., a teacher using IEP goals to monitor progress), sending a copy of the activity sheet home, families implementing the Young Athletes activity at home with equipment substitution of everyday items found in the home. All of these scenes promote the idea of evidence based practice, to illustrate multiple ways to document child progress, promote school to home generalization, greater family involvement. In today’s world of technology the DVD could be sent home with the parent as well, demonstrating the activities.

**Appendix M**  
**Council for Exceptional Children's (CEC's) Division of Early Childhood (DEC)**  
**Position and Concept Papers on:**  
**Developmental Delay, Inclusion,**  
**Response to Family, Culture, Values and Education**





# POSITION STATEMENT

ADOPTED: DECEMBER 2005  
FIELD REVIEW: OCTOBER 2005

## Developmental Delay as an Eligibility Category

This Position Statement is currently under review. DEC would like your feedback. Send comments and suggestions to DEC at [dec@dec-sped.org](mailto:dec@dec-sped.org) or fax to 406-543-0887. Deadline is October 30, 2006.

DEC believes in the uniqueness of the young child and that services and interventions must be responsive to the young child's needs and patterns of development. We believe that the disability categories used for older school-aged children are often inappropriate for young children birth through eight years and that the category of developmental delay can be a more appropriate designation of disability for special education eligibility. We believe that the assessment of disabilities in young children requires consideration of the whole child through the use of multiple sources, informants, settings and measures.

As defined by DEC in 1991, developmental delay is:

*a condition which represents a significant delay in the process of development. It does not refer to a condition in which a child is slightly or momentarily lagging in development. The presence of developmental delay is an indication that the process of development is significantly affected and that without special intervention, it is likely that educational performance at school age will be affected (DEC, 1991, p. 1).*

Parent and professional members of DEC believe that a developmental delay category of eligibility should be available from birth through age eight. Though DEC recommends that the category of developmental delay be applied to the period from birth through age eight, we do not disagree with the provision in IDEA 1997 permitting its use for birth through age nine. We believe that the requirement to identify children by traditional disability categories in the early years might result in a premature categorization or miscategorization of children and consequently inappropriate services. Furthermore, the use of the developmental delay

category allows for the identification of children with disabilities at younger ages who otherwise might go unserved because of the difficulties in applying traditional disability categories to young children. However, there can be sound reasons for identifying some specific disabilities. This issue is of particular importance for children with multiple or significant disabilities for whom being identified as developmentally delayed may result in the loss of services, authorization of inappropriate services, or loss of access to adequate or appropriate funding resources. Therefore, the use of a developmental delay category does not preclude the use of appropriate disability categories (e.g., visually impaired, deaf-blind).

Including the developmental delay category as an option from birth through age eight is supported by a number of considerations. First, the period of development typically characterized as early childhood is birth through age eight, a period of development considered to be unique by both the National Association for the Education of Young Children (NAEYC) and DEC. Development in young children is characterized by a broad range of behaviors across developmental domains and is better described by developmental metrics than by those with a more educational or academic focus. Second, using standardized and norm-referenced assessments to identify diagnostic categories for young children continues to result in the incorrect categorization of some children. The psychometric integrity of instruments typically used to classify students for categorical services is only slightly greater for children ages six, seven, and eight than for their younger peers. Third, for many children, the early grades are a crucial foundation for acculturation within the school community. Many children are transient or enter school at kindergarten or beyond. For these children, opportunities to understand and practice school behaviors are limited. Categorical classification during these years would be premature and potentially inaccurate. Fourth, informed team decisions utilizing professional judgments and family input should contribute to eligibility determinations.

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## **POSITION STATEMENT: Developmental Delay as an Eligibility Category**

Finally, the special education services that children receive have historically been determined by their disability category. Using a developmental delay category for the full span of the early childhood years facilitates a broader, whole-child perspective for intervention. This perspective can focus on the child's needs and the identification of services to meet those needs in developmentally appropriate ways.

DEC is aware of state and local discretion available under IDEA regarding the use of developmental delay as an eligibility category for children ages three through nine. DEC strongly recommends that state and local agencies develop and consistently implement the use of a developmental delay category as an option to insure appropriate services and smooth transitions for children with disabilities and their families during the early childhood period of development. To this end, DEC encourages the use of the category within states and by local school districts. DEC also encourages states to consider the use of a single or aligned state definition of developmental delay for preschool children served under Section 619 of Part B and for infants and toddlers served under Part C of IDEA.

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# CONCEPT PAPER

ADOPTED: NOVEMBER 2001

## Developmental Delay as an Eligibility Category

This concept paper was developed to address policies and practices for using developmental delay as a category of eligibility for young children. These policies and practices have evolved in response to changes in federal legislation and recommended practices in the field of early childhood special education. The purpose of this paper is to provide an update of the 1991 and 1996 Division for Early Childhood (DEC) concept papers on the use of a developmental delay eligibility category for young children and to make recommendations for policy and practice.

### INTRODUCTION, RATIONALE, AND OVERVIEW

In the 1991 and 1996 DEC concept papers (Kilgo et al., 1996; McLean, Smith, McCormick, Schakel, & McEvoy, 1991) *developmental delay* was recommended as an appropriate eligibility category for young children and was defined as:

*a condition which represents a significant delay in the process of development. It does not refer to a condition in which a child is slightly or momentarily lagging in development. The presence of developmental delay is an indication that the process of development is significantly affected and that without special intervention, it is likely that educational performance at school age will be affected (McLean et al. 1991, p.1).*

The Individuals with Disabilities Education Act Amendments of 1997 (IDEA, 1997) supports the availability of developmental delay as an eligibility category for young children and defines the category as such:

*The term "child with a disability" for children aged three through nine may, at the discretion of the State and LEA and in accordance with 34 CFR 300.313, include a child — (1) who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and (2) who by reason thereof, needs special education and related services (Individuals with Disabilities Education Act Regulations, 1999).*

Although disability categories have been used in the determination of eligibility for special education services for many years, DEC believes that the categories used for older school-aged children are often inappropriate for young children. The identification of children by disability categories in the early years can result in a premature categorization or miscategorization of children and consequently inappropriate services. In addition, the use of a developmental delay category allows children with disabilities who might otherwise go unserved because of the difficulties in applying traditional disability categories to young children to be identified at younger ages.

DEC recommends that a developmental delay category of eligibility be available for all children from birth through age eight. The recommendation to use the developmental delay category for children birth through age eight is supported by a number of considerations. First, the period of childhood development typically characterized as early childhood is birth through age eight. This period of development is considered a unique developmental period by both the National Association for the Education of Young Children (NAEYC) and the Division for Early Childhood (DEC) of The Council for Exceptional Children (CEC). Young children's development is characterized by a broad range of behaviors across developmental domains and is better described by developmental metrics than by those with a more educational or academic focus. Second, the reliability of standardized and norm-referenced assessments for the identification of diagnostic categories for young children continues to be problematic, resulting in unnecessary miscategorization and potential loss of services. Third, for many children these early grades are a pivotal foundation for acculturation within the school community. For the many children who are transient or enter school at kindergarten or beyond, opportunities to understand and practice school behaviors are limited. Categorical classification during these years would be premature and potentially inaccurate.

The information presented in this concept paper is based on recommended practices, legislation, and experiences of states

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## CONCEPT PAPER: Developmental Delay as an Eligibility Category

that have adopted a developmental delay eligibility category. Included in this paper are discussions of (1) the status of state policies and practices regarding the use of a developmental delay eligibility category, (2) assessment strategies to determine eligibility, (3) implications for personnel preparation, and (4) conclusions and recommendations. DEC hopes that as policy and practices regarding the use of a developmental delay eligibility category continue to evolve over the next several years, the information and suggestions provided in this paper will serve as a guide to families and professionals.

### STATE ELIGIBILITY POLICIES

State eligibility policies for young children under Part B of IDEA have evolved both to reflect recommended practice and to respond to changes in the federal law. Thirty-four states use developmental delay as a disability category for at least a portion of eligible children ages three through nine. For many years predating the addition of developmental delay as a disability category under Part B, some states used more generic descriptors of disability for young children. States adopted terms such as "preschool delay," "preprimary impaired," "preschool special needs," among others, to address the unique developmental status of young children more appropriately and to avoid premature and self-fulfilling labeling. Eighteen states still use these terms for disability in the early years, although two of these states are now considering adopting developmental delay as a category of disability (Danaher, in press).

In addition to the variation in terminology, state policies vary in the relationship of the developmental delay category to other disability categories, in the criteria for determining eligibility, and in the age range to which the category applies.

Some state policies have developmental delay subsuming all or some of the other disability categories. It is, in essence, an umbrella term for several types of disability. The intent of such a broad term might be to avoid misidentification that might occur when the source of a child's delay is not clear. For example, speech delays can result from a number of causes. Substituting developmental delay for some of the more stigmatizing disability terms might also provide the young child with the opportunity to acquire skills in an educational setting without the threat of a potentially self-fulfilling prophecy. Another type of state policy adds developmental delay to the list of other disability categories used for eligibility. Some states using this policy limit the use of developmental delay to those children who do not qualify for one of the other disability categories. This approach might serve to identify children who fall through the cracks in the early

years, only to be referred for special education services by the second or third grade (Simeonsson, et al., 2001). The criteria for developmental delay vary across states, although in 22 of 34 states using quantitative criteria for developmental delay, the criterion used is 2.0 standard deviations below the mean in one developmental area or 1.5 standard deviations below the mean in two developmental areas. In most states that use a percentage-of-delay criterion, the criterion is a 25- or 30-percent delay in one or two developmental areas. For example, a 36-month-old child functioning at a 27-month developmental level would be said to have a 25-percent delay. However, states do not rely exclusively on quantitative criteria for determining developmental delay. Nine states permit informed team consensus, professional judgment, or informed clinical opinion, in lieu of test scores, to ascertain eligibility. Four states include in their eligibility criteria for developmental delay a diagnosis of a condition that is associated with delay or deviation in development. This policy would also be consistent with the goal of serving children at younger ages than they might be served had a measurable deficit been required for eligibility.

IDEA 1997 provided for the extension of developmental delay by allowing states to adopt the term for children ages three through nine or any part of that age range. IDEA 1997 gives local districts the option to use the state developmental delay category; however, districts are not required to do so.

States have responded, and to date, 16 states have chosen to use developmental delay beyond age five: one state through age six; two states through age seven; seven states through age eight; five states through age nine; and one state for ages six through nine. Two other states are piloting an extension of the developmental delay category beyond age five; and eight more states report considering or being in the process of extending the age range for developmental delay (Danaher, 2001).

States have used a variety of approaches for accomplishing this important policy change. Frequently, task forces or committees seeking input from families, service providers, child evaluation specialists, and local administrators on the criteria and age range for developmental delay have been appointed. In some cases, local districts have expressed a desire to serve children earlier but have been wary of expanding the number of children served beyond those for whom IDEA was intended. Because local districts can choose not to use the state-defined developmental delay category, some states that have extended the age range first conducted pilot studies to determine the impact of the extension on the number of children served. Louisiana, for example, determined

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## CONCEPT PAPER: Developmental Delay as an Eligibility Category

that there was a small increase in the number of children identified when the developmental delay category was extended to include ages six through eight. Personnel in Louisiana felt that the children simply were identified at younger ages than they otherwise would have been and that the impact on the overall number of children eventually served would be negligible (Beridon, 2001).

Local education-agency acceptance of the state-defined developmental delay category and age range is evident in the relative absence of reports by states of locals not adopting it. Anecdotally, states have reported acceptance and even early adoption of the extended category. Likewise, the fear that children who would be eligible in one district as developmentally delayed but ineligible after moving to a new district within their state that did not use the category has not materialized. A review of state eligibility policies shows a trend toward the use of developmental delay as an eligibility category and the extension of the age range to which it applies. Reports from states indicate successful implementation of these eligibility policies (Simeonsson & Danaher, 2001).

### ASSESSMENT STRATEGIES

As has been pointed out in many recent discussions of the assessment of young children, including DEC's Recommended Practices (Sandall, McLean & Smith, 2000), the use of results from standardized, norm-referenced assessment formats is fraught with problems. If these are used, what is represented as a delay in development may actually be due to one or more of a number of problems in the tests or the testing situations. Although the validity and reliability of these tests seem to improve as children get older, there is still sufficient concern for children through age nine to make reliance upon their use problematic, especially if additional information provided by more authentic instruments and procedures is not also included (Bredenkamp & Copple, 1997; Shepard, Kagan, & Wurtz, 1998). What are the recommended alternatives to simple reliance on standardized, norm-referenced assessment?

Assessment is the process of gathering information for the purpose of making decisions (McLean, 1996). A holistic assessment process is recommended when making decisions about program planning for young children. Such a process, which incorporates multiple measures of a child in multiple settings (most importantly those with which the child is familiar and comfortable) and employs information from multiple informants (including, of course, families and other individuals who are familiar with the child's culture), has become the process of choice (Neisworth & Bagnato, 2000).

This holistic process is critical to obtain an accurate understanding of the child in the context of his or her world. It incorporates assessment procedures that are child centered and interactive rather than using those that simply enumerate the absence or presence of isolated skills. It yields information about child behavior within natural environments and typical routines in response to people, objects, events, and settings, thus helping to determine whether perceived delays are indeed "real" and pervasive.

Procedures for accurately observing and reporting this information are widely available in the early childhood community and have been used frequently to link assessment to program planning. This process can also serve to gather data for eligibility determination. Information about a child's developmental status in comparison to typical children his age is likely to be much more accurate when obtained from this type of developmentally appropriate and ecologically valid assessment than from a traditional psychometric assessment process. This is especially true for children from diverse cultures who are at particular risk of appearing delayed when we assume the common acculturation necessary for valid measurement predictions.

Therefore, definitions of developmental delay should include "informed team consensus" based on authentic, developmentally appropriate, and ecologically valid assessment tools and practices as the most important determinant of development. (We prefer the term "informed team consensus" to the term "professional judgment" or "informed clinical opinion," because it emphasizes the importance of team decision making, which includes the nonprofessional and nonclinical members on the team.) An added benefit of this approach is that the team members' time is spent in assessment activities that will also be useful for program planning for children rather than an assessment solely for determining eligibility. Scores from standardized, norm-referenced assessment may be used if the team agrees that they are an accurate reflection of the child's functioning; however, these test data should be supported with information from other sources and should never be used in isolation. A team can make more valid decisions related to documenting developmental delay by including observations of children in natural environments and typical routines.

It has been suggested by some concerned service providers and administrators that by using the term "developmental delay," an eligibility determination team might mask the true nature of a child's disability from parents. Another expressed concern is that it might also prevent a child from receiving services for which he might otherwise be eligible or cause problems in the future when it becomes necessary for a child to

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## CONCEPT PAPER: Developmental Delay as an Eligibility Category

be determined eligible by one of the other disability categories specified in IDEA. DEC argues that if parents are included appropriately in evaluation/eligibility discussions as the law requires, the team's decision-making will include meaningful discussion of the child's delays, other diagnoses that may be relevant for the acquisition of services outside the agency or school, and what needs to happen when the child leaves the age range for which the developmental delay category can be applied (Pierce & Danaher, 2000). IDEA requires that services be determined by the IEP/IFSP team independent of eligibility category. Individual services are based on the child's unique needs and cannot be limited by or based solely on an eligibility category (Individuals with Disabilities Act Regulations, 1999).

### IMPLICATIONS FOR PERSONNEL PREPARATION

The use of developmental delay as a category of eligibility for children from birth through age nine has broad and direct implications for personnel preparation programs in early childhood special education, elementary special education, and school psychology. Personnel preparation programs in the related disciplines of speech and language pathology, occupational therapy, physical therapy, and social work as well as traditional special education and categorical programs (Learning Disabilities, Behavior Disorders, etc.) must also include information about the unique assessment needs of young children and the concomitant assessment process. Rather than using only the traditional categories of disability with a heavy emphasis on academic functioning, teams charged with determining eligibility now may also identify a disability category that is determined through delays in *developmental areas*. For teams assessing children from birth through age five, this is not new; however, it is quite different for teams who have primarily been assessing children in the primary grades and above. This will necessitate consideration of appropriate instruments and strategies for measuring child functioning in developmental areas (i.e., communication, motor, cognition, social emotional and adaptive behavior) in six-, seven-, eight-, and nine-year-old children.

Each of the aspects mentioned in the previous assessment strategies section should be incorporated into personnel preparation programs for those who will be assessing children in the six to nine age range. Information and skill development should be accompanied by carefully planned and supervised field experiences. Assessment teams must be skilled in determining the presence of significant delays in development that warrant special education services.

### CONCLUSIONS AND RECOMMENDATIONS

The use of a developmental delay category is not simply a way to avoid the use of other categories of disability. Assessment and evaluation strategies must be individually determined by the needs of the child. These strategies must be appropriate, comprehensive, and inclusive of all categories and classifications. No single strategy, instrument, classification, or category is appropriate for all children.

Consistent with DEC's Recommended Practices (Sandall, McLean, & Smith, 2000), for children from birth through age five and DEC's endorsement of these concepts for children birth through age eight, this paper has suggested the following:

1. A holistic assessment process that incorporates multiple measures in multiple settings and from multiple informants;
2. A team assessment that allows for informed team consensus as the basis for decision-making;
3. An assessment that effectively obtains information from families and involves them in every aspect of the process;
4. An assessment that provides for increased validity through assessment of the child's functioning in typical and familiar routines and activities;
  - a. Use of other categories where appropriate;
  - b. Services dictated by child need not by label; and
  - c. Personnel preparation efforts that are responsive to the unique assessment needs of young children from birth through age eight.

Therefore, DEC recommends that a developmental delay category of eligibility be available for all children from birth through age eight. It is important to note, however, that we do not disagree with the provision in IDEA 1997 permitting its use for children birth through age nine.

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# POSITION STATEMENT

ADOPTED: DECEMBER 1993  
REAFFIRMED: DECEMBER 1996

## Inclusion

Inclusion, as a value, supports the right of all children, regardless of abilities, to participate actively in natural settings within their communities. Natural settings are those in which the child would spend time had he or she not had a disability. These settings include, but are not limited to: home, preschools, nursery schools, Head Start programs, kindergartens, neighborhood school classrooms, childcare, places of worship, recreational (such as community playgrounds and community events) and other settings that all children and families enjoy.

DEC supports and advocates that young children and their families have full and successful access to health, social, educational, and other support services that promote full participation in family and community life. DEC values the cultural, economic, and educational diversity of families and supports a family-guided process for identifying a program of service.

As young children participate in group settings (such as preschool, play groups, childcare, kindergarten) their active participation should be guided by developmentally and individually appropriate curriculum. Access to and participation in the age-appropriate general curriculum becomes central to the identification and provision of specialized support services.

To implement inclusive practices, DEC supports:

1. The continued development, implementation, evaluation, and dissemination of full inclusion supports, services and systems that are of high quality for all children;
2. The development of pre service and in-service training programs that prepare families, service providers, and administrators to develop and work within inclusive settings;

3. Collaboration among key stakeholders to implement flexible fiscal and administrative procedures in support of inclusion;
4. Research that contributes to our knowledge of recommended practice; and
5. The restructuring and unification of social, educational, health, and intervention supports and services to make them more responsive to the needs of all children and families.

Ultimately, the implementation of inclusive practice must lead to optimal developmental benefit for each individual child and family.

REAFFIRMED BY DEC EXECUTIVE BOARD: DECEMBER 11, 1996

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# POSITION STATEMENT

ADOPTED: APRIL 2002

## Responsiveness to Family Cultures, Values, and Languages

For optimal development and learning of all children, individuals who work with children must respect, value, and support the culture, values, and languages of each home and promote the active participation of all families.<sup>a</sup> Legislation and recommended practices call for individualized approaches to serving infants, toddlers, and young children with special needs and their families. Individualized services begin with responsiveness to differences in race, ethnicity, culture, language, religion, education, income, family configuration, geographic location, ability, and other characteristics that contribute to human uniqueness.

Responsiveness grows from interpersonal relationships that reflect a mutual respect and appreciation for individual's culture, values, and language. Responsiveness must be both personal and organizational for optimal outcomes of development and intervention services. Responsive early childhood programs and professionals honor the values and practices within the families being served as well as among people providing the services.

Characteristics of responsive organizations include:

1. Respect for the values and practices of all members;
2. Encouragement of multiple viewpoints to enrich the whole organization;
3. Seeking ways to extend competence of the leadership as well as practitioners, with regard to differences in family cultures, values, and languages;
4. Development, implementation, and review of policies and procedures in recruitment and

leadership development at all levels of service to ensure meaningful local, state, national, and international representation and participation of people from different cultural, ethnic, and language backgrounds;

5. Encouragement and support of the development and dissemination of products that address family cultures, values, and languages; and
6. Meetings and conference presentations that incorporate the impact of family cultures, values, and languages in all early childhood activities and services.

### DEFINITION OF TERMS

*Culture* refers to "shared and learned ideas and products of a society. It is the shared way of life of a people, including their beliefs, their technology, their values and norms, all of which are transmitted down through the generations by learning and observation" (Small, 1998, p. 72).

*Values* refer to "emotionally laden beliefs about what is right or wrong, appropriate or inappropriate, desirable or offensive" (CLAS Early Childhood Research Institute, 1998, p. 9).

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## POSITION STATEMENT: Responsiveness to Family Cultures, Values, and Languages

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<sup>a</sup> The source of inspiration for this first sentence is NAEYC's *Position Statement on Responding to Linguistic and Cultural Diversity* (1995).

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REAFFIRMED BY DEC EXECUTIVE BOARD: JUNE 14, 2005

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**Appendix N**  
**Response to Families: Ideas for Improvement**

### **Response to Families: Ideas for Improvement**

- Use Activity Guide Inserts to provide suggestions for A) talking about disabilities, B) working with families of very young children with disabilities or C) ideas about playing with their child.
- Examine the first days or week that Young Athletes Program is “kicked off.” Careful attention might be needed as parents may appear tentative. In addition, the initial day or two may be difficult for a parent who, for the first time, is seeing their child’s abilities and development relative to others in a community based setting. Meeting with parents at the onset or start-up of Young Athletes may be needed to address these and other family challenges. This might serve to validate their experience, connect them to other parents and/or resources, and enable them to more easily join.
- Maximize the days when parents are present, (start-up day, celebrations, and culminating activities).
  - Provide an opportunity for a voluntary parent contact exchange list. Parents who want to meet other parents or exchange contact information can sign up and SO will provide the copies of the list for interested families.
  - Utilize the opportunity for connecting families to families or other programs and services with resource listing of other programs in the area.
  - Often, other community resources welcome opportunities to connect with families. They could be invited to set up booths to connect families to other services and programs. It is notable that parents have a greater sense of impact on families than Young Athletes teachers and coaches.
- Communicate with families about what they are doing in Young Athletes each week. “If they (teachers) are using Young Athletes to address IEP goals, we would like to know, so we could do this at home too.” Post electronically or send home weekly, the activity covered during Young Athletes for home use. They suggested, “Consider duplicating the activity list, so we know what is being covered each week.” or “Set up an internet site where the activities are posted with suggestions of what we could do at home.”
- Let families know about everyday home items that can be used to substitute for the Young Athletes equipment, for families who do not have the equipment at home.
- In community based programs or ones where families can be involved, encourage families to bring siblings and other family members to introduce them to the equipment and become athlete assistants.

**Appendix O**  
**Inclusive Programming: Ideas for Improvement**

## **Ideas about Inclusive Programming**

Inclusion is more representative of best practices. Moreover, starting inclusive practices in preschool years is consistent with attitude research, the Council for Exceptional Children's (CEC's) Division on Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) recommended practices and may lay the early foundation for volunteers from families of children with and without disabilities.

- Consider creating an inclusive Young Athletes program where children with and without disabilities may play alongside one another, much like the Unified Sports option. This would allow children who out-grow their labels (which is a positive outcome) or whose label changes, to remain in an inclusive recreational program alongside their friends with disabilities. Or, consider other configurations to address the intersection of these realities. It is worth noting that Head Start Programs is recognized as one of our nation's first inclusive programs for preschool children with disabilities. Head Start programs are required to have at least 10% of their population with disabilities. However, the presence of disabilities among children at Head Start is likely to be much higher as it has been long recognized that children who live below the line of poverty (and therefore qualify for Head Start) are at increased risk of having developmental delays. This may be an ideal venue to target pilot programs of inclusive Young Athletes. In this evaluation, Head Start represented only 4% of programs reporting use of Young Athletes. It seems to be an untapped avenue for piloting an inclusive approach to Young Athletes.
- Assist school and community-based programs in developing strategies to implement Young Athletes in a more inclusive setting that support friendships across children with and without disabilities and social acceptance in context of Young Athletes. Research clearly shows that addressing social acceptance needs to start early and approached from sound theoretical and systematic approach (Favazza & Odom, 1996; 1997). To do this well, consider designating someone who coordinates these inclusive efforts at a national level.
- Consider adding accompanying content to Young Athletes program that enables parents and teachers to become more knowledgeable about the key role they play in shaping social relationships and social acceptance of children with disabilities. According to attitude research, the absence of such programming has negative outcomes (may lead to non-acceptance and perpetuate stereotypes). Raised awareness and greater acceptance of individuals with disabilities is cited as one of the potential outcomes of Special Olympics and Young Athletes. The chances of this becoming a reality are greatly increased when it is not left to chance but systematically included in programs (Favazza, Phillipsen & Kumar, 2000; Stoneman, 2001; Diamond & Innes, 2001).

**Appendix P**  
**Evidence-Based Practice: Ideas for Improvement**

## Evidence-Based Practice: Ideas for Improvement

Ideas to address evidence-based practice fall into four areas: establish program parameters (duration, intensity, credentialing), establish documentation requirement, discuss the idea of self evaluation, child and family measures of impact (tools to be used for monitoring child and family outcomes).

- Establish program parameters to ensure quality and relative consistency across programs. Consider the following questions: What constitutes a Young Athletes program? SO may want to provide guidelines to states and countries as to the parameters of Young Athletes programs for each model of implementation in terms of frequency of classes and adult/child ratio, age of children in which it is best suited, and so on. SO may want to consider starting the program with three-year-olds to avoid the ongoing turnover rate which occurs when the age of the program is incongruent with regulations associated with Early Intervention services. In addition, some coordinators and teachers expressed interest in knowing what credentials or certification were needed to ensure consistent and high quality implementation. This warrants more discussion as well.
- Establish a verification or documentation requirement with consistency in registration of children. A focused discussion within the Special Olympics organization (about the concept of evidence based practices as it relates to staff development) may need to happen first, to ensure that key players (coordinators and teachers) have the same understanding of the need for better documentation and their role in the process. Provide specific guidelines as to documentation that is required to demonstrate that programs actually occurred and participants existed and attended.
- Examine tools for measuring child and family impact. On a different level of documentation related to evidence based practice, it would be important to develop a measure of impact (child gains and family benefits) that is broader in scope and yet, more tightly tied to the skills for *each* skill area in the Activity Guide. This implies including a measurement with smaller gradations to document smaller incremental gains made by children who have more challenges , and includes underlying and/or overlapping skill development reported by parents and teacher (adaptive skills, cognitive, social, communication). This type of assessment would be akin to a curriculum based assessment approach that could accompany the Activity Guide (as was discussed in the Ideas for Improvement of the Skill Progression Checklist).

Of course, the development or selection of any measure needs to be undertaken in tandem with already existing standards, tests, and/or rubrics used by school systems to adopt/create a tool that minimizes over-testing of children and serves multiple purposes (e.g., addresses IEP goals). Block, Lieberman, & Connor-Kuntz (1998) provide examples of rubrics reflecting authentic assessment in adaptive physical education classes that address behaviors needed for motoric skills (throwing, foul shooting, jumping rope, gymnastics, bike riding) ,and underlying behaviors that support child participation in recreational and physical education classes (follows directions, on/off task behavior, cooperative with other children, exhibits safe/unsafe behaviors around equipment). Similar rubrics could be developed for the program to assist teachers in better monitoring of child progress and ease in connecting Young Athletes measures to IEP goals. At the same time, posing questions to teachers and parents about child change and/or changes seen in the school or home setting is another way to broaden the scope of questions and integrate the notion that Young Athletes has a potential for broad impact on children and families.

- Undertake evaluation from within Special Olympics. Another way to ensure that concept of “evidence based practice” becomes a part of the Special Olympics (SO) is for SO to undertake their own evaluation. The Young Athletes evaluation had the feel and appearance of something “done to Young Athletes” for SO and opposed to being “undertaken by SO” for the betterment of Young Athletes programs. Because the evaluation was undertaken outside of the organization, it might have contributed to limited understanding



of the rationale behind the evaluation and a less than optimal response rate. One draw-back to self evaluation would be the loss of the “independent evaluation.” However, this loss of independent evaluation could be mediated by creating an advisory committee whose purpose is to provide leadership and expertise to the evaluation process.

In summary, it is critical that Special Olympics (SO) demonstrate evidence of impact as programs grow and become more infused into school programs for young children with disabilities. The ideas for addressing the need for evidence based practice include a) establish program parameters (e.g., what constitutes a program), b) require programs to provide better documentation, c) develop a measure of child gains and family benefits more succinctly tied to the scope of program benefits and, d) consider undertaking an evaluation from within SO.

**Appendix Q**  
**Application of DEC Recommended Practices**

Using the *DEC Guide on Recommended Practices: A Comprehensive Guide* (Sandall, Hemmeter, Smith & McLean, 2005), a first step would be to examine aspects of a small number of carefully selected programs that have examples of best practices. A second step would be to create a rubric or grid (like the one below) to enable Young Athletes to record examples of different ways in which recommended practice are present in a global program. (Note, this would need to be further developed to reflect and capture variances found in different regions of the world.)

**Indicators of DEC Recommended Practices and/or Evidence of Addressing Current Trends or Issues within ECSE**

<b>Indicator</b>	<b>Evidence</b>	<b>Example of Indicator (Circle Items Found in Observation of Interview)</b>	<b>Source O or I *</b>
Natural Environments	YES NO	<ul style="list-style-type: none"> <li>Occurs within a variety of settings: home, school, community</li> </ul>	O I
Promotes generalization of skill acquisition	YES NO	<ul style="list-style-type: none"> <li>Occurs as part of typical school or home routine.</li> <li>Equipment and/or activities go home.</li> <li>Incorporates IEP/IFSP</li> <li>Use YA skills and activities in other content areas during school day.</li> </ul>	O I
Inclusive	YES NO	<ul style="list-style-type: none"> <li>Includes peers with and without disabilities.</li> <li>Includes siblings.</li> <li>Includes children from neighborhood or community.</li> <li>If inclusive, addresses issues of social relationships and peer acceptance.</li> </ul>	O I
Family Centered	YES NO	<ul style="list-style-type: none"> <li>Parents/guardians have a choice as to whether to participate.</li> <li>Parents may choose where to attend YA</li> </ul>	O I
Transdisciplinary	YES NO	<ul style="list-style-type: none"> <li>Parents, teachers and specialist share expertise to teach YA skills as they address IEP /IFSP goals</li> </ul>	O I
Individualized (or Individually Responsive to Children's Needs)	YES NO	<ul style="list-style-type: none"> <li>Adaptations are made to skill level, length of activities as needed.</li> <li>Modifications are made to equipment (e.g., sensory input added, size of gradation or equipment changed) as needed</li> </ul>	O I
Culturally Responsive	YES NO	<ul style="list-style-type: none"> <li>Games and activities are adapted to reflect culture of population</li> <li>Interactions reflect cultural norms</li> </ul>	O I
Current with Issues within field of EI and ECSE	YES NO	<ul style="list-style-type: none"> <li>Use of Developmental Delay category</li> <li>Addresses continuity and sustained programming across programs for children ages 2-3</li> <li>Addressed continuity and sustained programming across programs for children who exit the program at age 7</li> </ul>	

\*O=Observation, I=Interview