

School Participation Questionnaire

| | |
|-----------------------------|--------------------------|
| School Name: _____ | |
| Name: _____ | Position: _____ |
| Address: _____ | Contact No: _____ |
| Email Address: _____ | |

1. Inclusion of People with Disabilities

How many students with a disability do you have in the school? _____

| | Under 10 | 10 – 14 | Over 15 | Total |
|---------------------|----------|---------|---------|-------|
| Junior Boys | | | | |
| Junior Girls | | | | |
| Total | | | | |

Does your school cater for the full range of disabilities or does it cater for particular groups?
(Please tick below or comment)

| | | | |
|-----------------------------------|--|-----------------------------------|--|
| People with a physical disability | | People with a learning disability | |
| People with a sensory impairment | | All of these | |

Does your school sport cater for students with disabilities? Yes _____ No _____

What sports does your school offer to pupils with disabilities?

Does your school have a person who is responsible for developing sporting activities for people with a disability? Yes _____ No _____

Name and contact details of school disability officer:

Name: _____ Tel: _____

Email address: _____

If your school does not currently offer sport/physical activity for people with disabilities, what are the barriers to providing these opportunities?

Would your school be open to providing sport for students with disabilities?

Yes _____ No _____

2. Training

Has any of your staff received training for the inclusion of people with disabilities into the sports programme? Yes _____ No _____

If yes, please specify the type of training and the training provider(s)

Would your staff be interested in training for the inclusion of people with disabilities?

Yes _____ No _____

3. Facilities

Please tick the box if your school has any of the following amenities:

| Venue Ramps | Disabled parking | Disabled Toilet | Disabled Changing | Hearing loop system | Hoist | Automatic Doors | Lifts |
|-------------|------------------|-----------------|-------------------|---------------------|-------|-----------------|-------|
| | | | | | | | |

4. Further Information

Please provide details of how you would like the SIDO to support your school in the provision of sport and physical activity for people with disabilities

Any other comments

Thank you for your time in filling out this form.