



Special Olympics
Wisconsin
 Be a fan™

Support. Volunteer. Compete.

CERTIFIED TRAINING SCHOOL EVALUATION FORM

CERTIFIED TRAINING SCHOOL INFORMATION:

Your Name (optional): _____ Date: _____
 Site: _____ City: _____
 Sport: _____

To improve the quality of future Special Olympics Certified Training Schools, we need your feed back. Please rate each item on a scale of 1 to 5 (5 being outstanding and 1 being poor). Insert N/A for not applicable and N/O for not observed. If you give any item a low rating, please explain and offer suggestions.

ADMINISTRATION

Pre-training school communication _____
 On-Site registration _____
 Adequate meeting room facilities _____
 Adequate sports facilities & equipment _____

CLINICIAN(S) WITH COACHES

Instruction on teaching & improving athletes' sports skills _____
 Demonstration of sports skills _____
 New ideas for drills _____
 Adequate time _____

CLASSROOM SESSION

Quality of instruction/questions answered _____
 Content (type and amount of information) _____
 Materials and handouts _____
 Certification form and process _____
 Adequate time _____

CLINICIAN(S) & COACHES WITH ATHLETES

Organization & direction by clinician(s) _____
 Warm-up & cool-down _____
 Skills work _____
 Competition experience _____
 Adequate time _____

OVERALL VALUE OF THE CERTIFIED TRAINING SCHOOL = _____

OTHER COMMENTS:

What would you add? _____

 What would you delete? _____

 What was most beneficial? _____

 What was least beneficial? _____

Please circle answers below:

Are you currently coaching this sport for Special Olympics? Yes / No
 Are you already certified in this sport? Yes / No