



SASK SPORT

ADAPTIVE SPORT CLUB DEVELOPMENT GRANT FOLLOW-UP FORM

September 2020



FUNDED BY

 **SASK LOTTERIES**

ADAPTIVE SPORT CLUB DEVELOPMENT GRANT FOLLOW-UP FORM

CONTACT INFORMATION					
Provincial Sport Organization/District:					
Contact Person:			Position:		
Address:		City:		Postal Code:	
Phone:		Email:			

Club or Community (if applicable):					
Contact Person:			Position:		
Address:		City:		Postal Code:	
Phone:		Email:			
Website:					

GRANT INFORMATION	
Grant Number:	Grant Amount Received: \$
Grant Period:	

PROGRAM INFORMATION	
Program Name:	
Program Start Date:	Start: End:
Number of Weeks:	Program Times:
Location(s):	
What sport (s) did your program involve?	
Please provide a description of the program, the frequency of practices and games, tournaments, highlights, etc.	

PROGRAM/PARTICIPANT SUMMARY

A person may be included in up to 3 of the 4 columns - eg. A 12 year old female with a disability who is of Indigenous ancestry.

	Number of Male Athletes	Number of Female Athletes	Number of Athletes with a Disability (Voluntary Declaration)	Number of Athletes of Indigenous ancestry (Voluntary Declaration)
Under 12				
13 - 18				
19 - 54				
55+				
TOTALS				

Why is this Adaptive Sport Club Development Grant important to your club and program? Explain the benefit of this program to the participants (observations, testimonials and/or quotes):

Was there training, certification, or skill development opportunities offered to the following:

	Was training offered	Number Trained	Level(s) of Training
Coaches	Yes		
Officials	Yes		
Volunteers	Yes		

What was the overall benefit of this training to the participants, what were the benefits to the program?

Were there any opportunities for sport science presentations during the program? Yes No

Which area(s) did you provide sport science training:

Nutrition

Strength Conditioning

Mental Training

Other:

Did your program meet its outcomes (qualitative and quantitative)? Please reference your application to review your programs initial goals and objectives.

FINANCIAL INFORMATION	
Please outline all program revenues and expenses:	
REVENUES	AMOUNT
Amount Requested from Adaptive Sport Club Development Grant	
Amount Requested from Adaptive Sport Equipment Grant	
Other Grants	
Sponsorship or Donations	
Registration Fees	
Other (Please list)	
Total Revenues	
EXPENSES	
Facility Rental	
Coaches or Officials/Instruction Expenses	
Coaches or Officials Training Expenses	
Equipment (traditional)	
Equipment (adapted)	
Sport Science Presentations	
Other (Please list)	
Total Expenses	
TOTAL REVENUE (DEFICIT) FOR PROGRAM	

ADDITIONAL INFORMATION

Please attach as much supportive information as possible. Such as photographs of the participants in the program, quotes from the people who participated and/or copies of the evaluations forms from the following stakeholders:

- Participants
- Parents and/or Caregivers
- Coaches/Leaders
- PSO/District and/or Club

FOLLOW-UP CHECKLIST

Before submitting the follow-up, we recommend your organization complete the following checklist to ensure your follow-up is ready for submission.

I have attached copies of copies of the evaluations forms from the following stakeholders:

- Participants
- Parents and/or Caregivers
- Coaches/Leaders
- PSO/District and/or Club

I have attached a copy of the financial documentation (receipts) to verify the eligible expenditures.

I have attached additional information (i.e. photographs, quotes, evaluation forms)

DECLARATION

On behalf of our organization, I hereby agree that the terms and conditions outlined in the Guidelines have been adhered to and that the information presented in this Follow-Up Report is correct and true.

PSO/District Signing Authority	Club or Community Signing Authority (if applicable)
Name:	Name:
Title:	Title:
Date:	Date:
Signature:	Signature:

ADAPTIVE SPORT CLUB DEVELOPMENT GRANT FOLLOW-UP FORM AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO:

Ashley Hay, Adaptive Sport Consultant
510 Cynthia Street, Saskatoon, SK S7L 7K7
ahay@sasksport.ca
Phone: 306.220.9655 • Fax: 306.242.8007

COACH Evaluation Form

Sport:

1. At the beginning of the season I was able to work with players and parents to determine what core values would define the team.
1 2 3 4 5
(Strongly Disagree) (Strongly Agree)
2. I received coach training specific to working with athletes with a disability in this sport
1 2 3 4 5
3. I felt prepared to provide the skills and training necessary to help my athletes meet their goals – both performance and character.
1 2 3 4 5
4. I was able to find specific roles for each member of the team and emphasized the value and importance of each role in the overall team success.
1 2 3 4 5
5. Throughout the season I was able to find ways to challenge athletes to develop their performance character.
1 2 3 4 5
6. Throughout the season I was able to find ways to challenge athletes to develop their moral character.
1 2 3 4 5
7. I felt supported by my PSO (sport) to develop my coaching skills.
1 2 3 4 5
8. Please outline any barriers or key resources that would help the success of the program in the future.

Please take the time to complete an evaluations form for the Adaptive Sport program in which you participated. This information will be used to help make improvements to programming as well as provide support for the Adaptive Sport programs funded by the Sask Lotteries Trust Fund.

PARENT/CAREGIVER Evaluation Form

Club Name:

Sport:

1. There was enough equipment for all participants to be able to learn at the same time.

1	2	3	4	5
(Strongly Disagree)				(Strongly Agree)

2. All participants have the sport equipment of suitable size and weight for their size and strength.

1	2	3	4	5
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3. The sport coaches/leaders made learning the sport fun for the participants.

1	2	3	4	5
---	---	---	---	---

4. The coaches/leaders emphasize learning and skill development for all participants.

1	2	3	4	5
---	---	---	---	---

5. My child has developed the following skills through participation in the program:

- | | | | | | |
|--------------------------|---|---|---|---|---|
| • Self-confidence | 1 | 2 | 3 | 4 | 5 |
| • Social skills | 1 | 2 | 3 | 4 | 5 |
| • Communication skills | 1 | 2 | 3 | 4 | 5 |
| • Sport skills | 1 | 2 | 3 | 4 | 5 |
| • Decision making skills | 1 | 2 | 3 | 4 | 5 |
| • Improved fitness | 1 | 2 | 3 | 4 | 5 |

6. I would recommend to other parents and/or caregivers that their child participate in this program:

1	2	3	4	5
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7. Please list any suggestions or comments you have as feedback to improve this program:

Please take the time to complete an evaluations form for the Adaptive Sport program in which you participated. This information will be used to help make improvements to programming as well as provide support for the Adaptive Sport programs funded by the Sask Lotteries Trust Fund.

PARTICIPANT (ADULT) Evaluation Form

Athlete Name:

Club Name:

Sport:

1. What are the top 3 reasons you play your sport?

2. I participate in sports or physical activity

less than 1 x a week 1 - 2 times 3 - 4 times 5 or more

3. This year did your coach(es) Comments

- | | | |
|--------------------------------------|-----|----|
| • Help you develop your skills | Yes | No |
| • Help you develop physically | Yes | No |
| • Teach you team play and strategies | Yes | No |

4. Were the coaches:

- | | | |
|--------------------------------|-----|----|
| • Organized | Yes | No |
| • Good teachers | Yes | No |
| • Knowledgeable about the game | Yes | No |

5. What did you like best about this season

6. What did you like the least about this season

7. Do you have any suggestions for improving this sport program (practices, games, coaches, etc.)?

Please take the time to complete an evaluations form for the Adaptive Sport program in which you participated. This information will be used to help make improvements to programming as well as provide support for the Adaptive Sport programs funded by the Sask Lotteries Trust Fund.

PARTICIPANT (YOUTH) Evaluation Form

Athlete Name:

Club Name:

Sport:

1. I am better at playing my sport than I was at the start of the season.

1 2 3 4 5
(Strongly Disagree) (Strongly Agree)

2. I participate in sports or physical activity

less than 1 x a week 1 - 2 times 3 - 4 times 5 or more

3. Being involved in sport has helped me be healthy :

1 2 3 4 5

4. I had fun playing this sport?

1 2 3 4 5

5. I met new friends playing this sport:

1 2 3 4 5

6. I would like to try playing more sports or try other physical activities.

1 2 3 4 5

7. Please tell us anything else you would like to see in this sport program to make it better for next season.

Please take the time to complete an evaluations form for the Adaptive Sport program in which you participated. This information will be used to help make improvements to programming as well as provide support for the Adaptive Sport programs funded by the Sask Lotteries Trust Fund.

PSO Evaluation Form

PSO Name:

Club Name:

Community:

Sport:

1. How has communication and partnership between the Provincial Sport Organization and the sport club changed during the delivery of the program?
2. Describe the impact of community partnerships on the delivery of the program:
3. Describe the impact on coaching at the community level through the delivery of the program.
4. Describe how volunteer development has been impacted by the delivery of the program.
5. What has the impact been on program opportunities for people with disabilities to become involved in sport?