

Best Practices – Local Committee Member

BEFORE PRACTICE

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|--|-----|----|
| Is there a written <u>EMERGENCY ACTION PLAN</u> and where is it located? | YES | NO |
| Is the EAP complete and appropriate for the program? | YES | NO |
| Are all athletes and coaches aware of where the EAP is located? | YES | NO |
| Is the EAP practiced? | YES | NO |
| Is there a <u>FIRST AID KIT</u> on site? | YES | NO |
| Do all coaches know how to access it? | YES | NO |
| Is the Kit maintained so that all necessary and appropriate medical supplies are on hand at all times? | YES | NO |
| Who ensures that med kit is stocked and what is the procedure to get it refilled? | | |
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INCIDENT REPORTS (medical & behaviour):

- | | | |
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| Are all coaches aware of these procedures? | YES | NO |
| Who fills these out? _____ | | |
| Who gets copies of the completed reports? _____ | | |
| Where are the copies kept _____ | | |
| Is there a medical log book for your program?(to record first-aid incidents) | YES | NO |
| If NO, how do you log a first aid incident vs a medical incident? | | |
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| Are there <u>MEDICAL FORMS</u> for each registered athlete, coach and volunteer? | YES | NO |
| Are the medical forms readily available to all coaches during practice? | YES | NO |
| Have all coaches had the opportunity to review these medical forms? | YES | NO |
| Are all athletes and coaches <u>registered</u> with Special Olympics BC? | YES | NO |
| Is attendance taken at the program? | YES | NO |

Additional Comments:

Local: _____

Sport: _____

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Date: _____

Name: _____

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DURING PRACTICE

| | | |
|--|-----|----|
| Are athletes <u>supervised</u> at all times? (before practice, after practice, while being picked up) | YES | NO |
| Are the Coach - Athlete ratios being followed? (Winter sports 3:1, Summer sports 4:1) | YES | NO |
| Are all necessary 1 to 1 supporters in attendance? | YES | NO |
| Any additional athletes that may need 1 to 1 assistance? | YES | NO |
| If NO, what is being done to ensure that athlete has a 1 to 1 supporter | | |

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|--|-----|----|
| Is the <u>facility</u> appropriate for the program being run? | YES | NO |
| Is space utilized effectively? | YES | NO |
| Is equipment and facility checked for safety hazards before the program began? | YES | NO |
| Is there enough equipment to adequately run the program? | YES | NO |
| Are athletes and coaches dressed appropriately? | YES | NO |
| Is there a written <u>PRACTICE PLAN</u> ? | YES | NO |
| Is it shared with other coaches? | YES | NO |
| Does the program start on time? | YES | NO |
| Does the program incorporate all seven components of a practice session? | YES | NO |
| Are drills and activities clearly explained and demonstrated? | YES | NO |
| Are drills and activities able to be modified to fit various skill levels | YES | NO |
| Is <u>UNSTRUCTURED FREE PLAY</u> component included in the practice? | YES | NO |
| Is there a <u>WARM-UP</u> performed? | YES | NO |
| Is there an emphasis on all body parts? | YES | NO |
| Are warm-up exercises sport specific? | YES | NO |

Additional Comments:

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Sport: _____ 2

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BASIC MOTOR SKILLS: Are skills appropriate to sport being taught? YES NO

Are skills broken down sufficiently for the athletes to participate and benefit? YES NO

SPORT SPECIFIC SKILLS: Are skills specific to sport being taught? YES NO

Are skills broken down sufficiently for the athletes to participate and benefit? YES NO

Does the program include a FITNESS COMPONENT? YES NO

Is there a COOL DOWN? YES NO

If YES, is it appropriate? YES NO

If NO, What is missing or inappropriate: _____

Is there closure to the program, opportunity for announcements and for athletes and coaches to assess the practice? YES NO

Is there opportunity for athletes and coaches to give feedback about the practice? YES NO

Is time allotted appropriately for each component of the practice? YES NO

Are there any violations to Special Olympic Canada or BC policies pertaining to training & competition? YES NO

If YES, what policy? _____

Additional Comments:

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Sport: _____

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Date: _____

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AFTER PRACTICE

| | | |
|--|-----|----|
| Is there a <u>SEASONAL COMPETITION PLAN</u> ? | YES | NO |
| Have there been competitive opportunities during the program year? | YES | NO |
| Do all athletes get the opportunity to compete? | YES | NO |
| Have all coaches taken the <u>SOC Competition Sport course</u> or the <u>SOC Community Sport Course</u> within the first year of coaching? | YES | NO |
| Have/are coaches pursuing additional training and courses: | | |
| First Aid courses? | YES | NO |
| Sport Clinics | YES | NO |
| Sport Camp | YES | NO |
| Provincial Workshop | YES | NO |
| Other coaching conferences | YES | NO |
| Generic Technical courses | YES | NO |

Are there opportunities for athletes to be involved in:

| | | |
|----------------------|-----|----|
| Generic competitions | YES | NO |
| Sport camps | YES | NO |
| Other: _____ | | |

Additional Comments:

Local: _____
Date: _____

Sport: _____
Name: _____