BEFORE PRACTICE

Is there a written **Emergency Action Plan** 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 **First Aid Kit** 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?

**Incident Reports** (medical & behaviour):

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?

Are there **Medical Forms** 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 registered with Special Olympics BC? YES NO
Is attendance taken at the program? YES NO

**Additional Comments:**

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Local: ____________________________  Sport: ____________________________  1
Date: ____________________________  Name: ____________________________
Are athletes supervised 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

Is the facility 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 PRACTICE PLAN? 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 UNSTRUCTURED FREE PLAY component included in the practice? YES NO

Is there a WARM-UP performed? YES NO

Is there an emphasis on all body parts? YES NO

Are warm-up exercises sport specific? YES NO

Additional Comments:

Local: ___________________________ Sport: ___________________________ 2

Date: ___________________________ Name: ___________________________
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASIC MOTOR SKILLS</td>
<td>Are skills appropriate to sport being taught?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Are skills broken down sufficiently for the athletes to participate and benefit?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>SPORT SPECIFIC SKILLS</td>
<td>Are skills specific to sport being taught?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td></td>
<td>Are skills broken down sufficiently for the athletes to participate and benefit?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td></td>
<td>Does the program include a FITNESS COMPONENT?</td>
<td>YES</td>
<td>NO</td>
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<td></td>
<td>Is there a COOL DOWN?</td>
<td>YES</td>
<td>NO</td>
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<td></td>
<td>If YES, is it appropriate?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>If NO, What is missing or inappropriate:</td>
<td></td>
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<td></td>
<td>Is there closure to the program, opportunity for announcements and for athletes and coaches to assess the practice?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Is there opportunity for athletes and coaches to give feedback about the practice?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td></td>
<td>Is time allotted appropriately for each component of the practice?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Are there any violations to Special Olympic Canada or BC policies pertaining to training &amp; competition?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>If YES, what policy?</td>
<td></td>
<td></td>
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</tbody>
</table>

Additional Comments:

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Local: ____________________________  Sport: ____________________________  Date: ____________________________  Name: ____________________________
Is there a **Seasonal Competition Plan**? 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 SOC Competition Sport course or the SOC Community Sport Course 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:**

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Local: ___________________________  Sport: ___________________________  Date: ___________________________

Name: ___________________________