

# INTERNATIONAL SPORTS FEDERATION FOR PERSONS WITH INTELLECTUAL DISABILITY



## TSAL

(TRAINING HISTORY AND SPORT ACTIVITY LIMITATIONS QUESTIONNAIRE)

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## VERSION: JULY 2010

### 1. INTRODUCTION

The *Training History & Sport Activity Limitations Inventory* (TSAL for short) is a research tool used to inform and develop the system of athlete classification.

A TSAL must be completed by every athlete applying for classification. Where possible, this should be submitted online by visiting [www.inas-fid.org/athleterege](http://www.inas-fid.org/athleterege) and should be completed by the athletes coach. When the TSAL is completed online, it is not necessary to submit a paper copy.

Where access to the online TSAL is not possible, a paper copy should be completed and submitted with the classification application form.

It should be completed by the athlete's personal/primary coach. All questions/items must be answered by checking the appropriate box ()

<b>Athlete Name:</b>	<b>Date of Birth:</b>
<b>Country:</b>	

## 2. SPORT TRAINING HISTORY

1. In which sports does the athlete train? Please write the sport(s) into the space provided. Then check (☑) to indicate the athlete's main sport and secondary sport(s).

	Main Sport	Secondary Sport
1.1. Specify sport _____	<input type="checkbox"/>	<input type="checkbox"/>
1.2. Specify sport _____	<input type="checkbox"/>	<input type="checkbox"/>
1.3. Specify sport _____	<input type="checkbox"/>	<input type="checkbox"/>
1.4. Specify sport _____	<input type="checkbox"/>	<input type="checkbox"/>

2. How long has the athlete been training/competing in the sports indicated in the previous question?

	Less than 1 year	1 to 3 years	4 to 6 years	7 to 9 years	10+ years
2.1. Sport _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2. Sport _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3. Sport _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4. Sport _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. During the sport season, how many **hours a week** does the athlete train?

	Less than 4 hours	4 to 9 hours	10 to 15 hours	16 to 20 hours	21+ hours
3.1. Main sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2. Secondary sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3. Other, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How many **months of the year** does the athlete train?

	Less than 4 month	4 to 5 months	6 to 7 months	8 to 9 months	10+ months
4.1. Main sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2. Secondary sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3. Other, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. SPORT ACTIVITY LIMITATIONS

Note/Instructions: Included in this section are questions/items designed to determine the effects of an athlete's intellectual disability on his/her main sport. To ensure an accurate profile, it is essential that each question/item be considered in relation to the **athlete's overall training history, for as long as you have worked with the athlete—not just their present level in sport development.**

For each question, please indicate whether the item is an ongoing concern, a past concern, or never a concern (by checking the appropriate ). If an item does not apply to the athlete's sport, please check the "does not apply to the sport" box (.

5. Does the athlete have difficulty **learning** skills required for his/her sport?

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
5.1. Physical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2. Movement sequencing & planning skills (i.e., skills that must be completed in a particular order, which required coordination and planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3. Technical skills of the sport (e.g., serving in table tennis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4. Strategies of the sport (e.g., pacing, shot selection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5. Rules of the sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Does the athlete have difficulty with **self-regulation in learning sport skills?**

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
6.1. Recognizing his/her own errors in skill learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2. Correcting his/her own errors in skill learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Does the athlete have difficulty **maintaining sport skill learning?**

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
7.1. From one training day to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2. From one training season to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Does the athlete have difficulty **applying** (using/doing) skills required for his/her sport?

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
<b>8.1. Physical skills</b>				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.2. Movement sequencing &amp; planning skills (i.e., skills that must be completed in a particular order, which required coordination and planning)</b>				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.3. Technical skills of the sport (e.g., serving in table tennis)</b>				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.4. Strategies of the sport (e.g., pacing, shot selection)</b>				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.5. Rules of the sport</b>				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Does the athlete have difficulty **following directions and managing his/her behaviour** (without supervision) in sport?

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
<b>9.1. Does he/she follow the coaches instructions during:</b>				
<i>Training</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.2. Does he/she obey the decisions of officials (e.g., referees) during:

*Competition*                                                                                       

9.3. Does he/she have difficulty accurately completing assigned tasks independently (e.g., completing required repetitions, number of laps, warm-up routines) during:

*Training*                                                                                               

*Competition*                                                                                       

10. Does the athlete have difficulty with **social and other skills** required in sport?

**Ongoing concern                      Past concern                      Never a concern the sport                      Does not apply to**

10.1. Does he/she appropriately interact with team mates during:

*Training*                                                                                               

*Competition*                                                                                       

10.2. Does he/she appropriately interact with other competitors /opponents during:

*Competition*                                                                                       

10.3. Does he/she appropriately interact with coaches during:

*Training*                                                                                               

*Competition*                                                                                       

10.4. Does he/she appropriately respond to decisions of officials (referees, line judges) during:

*Competition*                                                                                       

10.5. Does he/she demonstrate “sportsmanship” during:

*Training*                                                                                               

*Competition*                                                                                       

10.6. Does he/she make appropriate decisions during:

*Training*                                                                                               

*Competition*

10.7. Does he/she communicate appropriately during:

Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.8. Does he/she have difficulty with motivation during:

Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.9. Does he/she have difficulty controlling their emotions during:

Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. COACH'S INFORMATION

11. In what sport and for how long have you coached the athlete for whom you have completed this questionnaire? Please indicate your answer by writing checking the appropriate boxes (☑).

	Less than 1 year	1 to 3 years	4 to 6 years	7 + years
Sport _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Which of the following best describes your coaching background today? Please indicate by checking (✓) all statements/boxes (☐) that apply to you.

	Yes	No	Working on
12.1. I have a degree in physical education or sport science from a recognized University.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2. I have nationally recognized education/certification in coaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3. I have education/training in coaching athletes with intellectual disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.4. I have nationally recognized education/certification in the <b>technical</b> requirements of the sport I am coaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.5. I have experience coaching high-level athletes without intellectual disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Please add any other information about your experience as a coach or opportunities you have taken to develop your expertise as a coach (education, training, certification).

14. **COACH'S DECLARATION**

I hereby verify that I am the coach of \_\_\_\_\_ (Print **athlete's** full name). In signing this document I acknowledge and accept full responsibility for the honesty and accuracy of the information contained in Sections I through III of the INAS-FID Training History and Sport Activity Limitations Inventory.

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)