

TRAINING HISTORY & SPORT ACTIVITY LIMITATIONS

The *Training History & Sport Activity Limitations Inventory* (TSAL for short) is part of the athlete classification process and must be completed by the athlete's personal/primary coach.

This version applies to athletes competing in the sport of IPC Swimming and must be submitted in accordance with the IPC Swimming Classification Rules and Regulations – Appendix 3.

PERSONAL INFORMATION

First Name:

Last Name:

Gender: male / female Country:

Date of Birth (dd/mm/yyyy):/...../..... Height: (cm): Weight (kg):

All questions/items must be answered by checking the appropriate box ().

SPORT TRAINING HISTORY

1. In which sport 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"/>

SPORT ACTIVITY LIMITATIONS

Note/Instructions: Included in this section are questions/items designed to determine the effects of an athlete’s intellectual impairment 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., start & turning technique)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4. Strategies of the sport (e.g., swim pacing)	<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
8.1. Physical skills				
<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"/>
8.2. Movement sequencing & planning skills (i.e., skills that must be completed in a particular order, which required coordination and planning)				
<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"/>
8.3. Technical skills of the sport (e.g., start & turning technique)				
<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"/>

8.4. Strategies of the sport
(e.g., swim pacing)

<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"/>

8.5. Rules of the sport

<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
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9.1. Does he/she follow the coaches instructions during:

<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:

<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9.3. Does he/she have difficulty accurately completing assigned tasks independently (e.g., completing required repetitions, number of laps, warm-up routines) during:

<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"/>

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

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
10.1. Does he/she appropriately interact with team mates during:				
<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"/>
10.2. Does he/she appropriately interact with other competitors /opponents during:				
<i>Competition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3. Does he/she appropriately interact with coaches during:				
<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"/>

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

Competition

10.5 Does he/she demonstrate “sportsmanship”

Training

Competition

10.6 Does he/she make appropriate decisions during:

Training

Competition

10.7 Does he/she communicate

Training

Competition

10.8 Does he/she have difficulty with motivation

Training

Competition

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

Training

Competition

Swimming Performance & Training Environment

Best Performances **over the last 12 months**

Freestyle	Min	Sec	1/100	25m/50m pool
50				
100				
200				
400				
Backstroke	Min	Sec	1/100	25m/50m pool
50				
100				
200				
400				
Breaststroke	Min	Sec	1/100	25m/50m pool
50				
100				
200				
400				

Give your best times in the **main** stroke/distance in each of the past 5 years.

	Distance	Time	year
Freestyle			
Backstroke			
Breaststroke			

How many individual races did you swim last year?

What stroke/distance do you train most for?

How much have you trained **in water** over the last 12 months?

Months? Average hours/week? Average km/week?

Is the training-and competition history of the swimmer systematically recorded?

- yes, in detail
- all the main events
- very little

How much have you trained **outside the water** over the last 12 months?

Endurance (running, cycling, ...) Months? Average hours/week?
 Strength Months? Average hours/week?
 Flexibility Months? Average hours/week?

How is your (main) training group configured?

- Exclusively swimmers with disability
- Mostly swimmers with disability
- Mostly swimmers without disability

Do you have good pool access?

- Yes, very good – the pool has all I need
- Fairly good
- No, not at all, needs much better

Do you have good access to other training facilities

- Yes, very good – the facilities have all I need
- Fairly good
- No, not at all, needs much better

Athlete Declaration

I hereby verify that I acknowledge and accept full responsibility for the honesty and accuracy of the information contained in this Training History and Sport Activity Limitations Inventory.

_____ (Athlete - Printed name) _____ (Signature) _____ (Date)

Coach's Information

How long are you training and coaching this athlete? _____

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"/>

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
I have a degree in physical education or sport science from a recognized university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have nationally recognized education/certification in coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have education/training in coaching athletes with intellectual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have nationally recognized education/certification in the technical requirements of the sport I am coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have experience coaching high-level athletes without intellectual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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).

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 this Training History and Sport Activity Limitations Inventory.

(Coach - Printed name)

(Signature)

(Date)