

## 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): .....

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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 <u>Swimming</u>	<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 <u>Swimming</u>	<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"/>

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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
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"/>
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
Feestyle			
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 <b>technical</b> 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).

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## 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)