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 World Para Athletics and must be submitted in accordance with the World Para Athletics Classification Rules and Regulations – Appendix 3 (https://www.paralympic.org/athletics/classification/rules-and-regulations)

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_____	❑	❑
1.2. Specify sport_____	❑	❑
1.3. Specify sport_____	❑	❑
1.4. Specify sport_____	❑	❑

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_____	❑	❑	❑	❑	❑
2.2. Sport_____	❑	❑	❑	❑	❑
2.3. Sport_____	❑	❑	❑	❑	❑
2.4. Sport_____	❑	❑	❑	❑	❑

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	❑	❑	❑	❑	❑
3.2. Secondary sport	❑	❑	❑	❑	❑
3.3. Other, specify	❑	❑	❑	❑	❑

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	❑	❑	❑	❑	❑
4.2. Secondary sport	❑	❑	❑	❑	❑
4.3. Other, specify	❑	❑	❑	❑	❑

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	❑	❑	❑	❑
5.2. Movement sequencing & planning skills (i.e., skills that must be completed in a particular order, which required coordination and planning)	❑	❑	❑	❑
5.3. Technical skills of the sport (e.g., throwing technique)	❑	❑	❑	❑
5.4. Strategies of the sport (e.g., run pacing)	❑	❑	❑	❑
5.5. Rules of the sport	❑	❑	❑	❑

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	❑	❑	❑	❑
6.2. Correcting his/her own errors in skill learning	❑	❑	❑	❑

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	❑	❑	❑	❑
7.2. From one training season to another	❑	❑	❑	❑

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				
Training	❑	❑	❑	❑
Competition	❑	❑	❑	❑
8.2. Movement sequencing & planning skills (i.e., skills that must be completed in a particular order, which required coordination and planning)				
Training	❑	❑	❑	❑
Competition	❑	❑	❑	❑
8.3. Technical skills of the sport (e.g., throwing technique)				
Training	❑	❑	❑	❑
Competition	❑	❑	❑	❑

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
8.4. Strategies of the sport (e.g., run pacing)				
Training	❑	❑	❑	❑
Competition	❑	❑	❑	❑
8.5. Rules of the sport				
Training	❑	❑	❑	❑
Competition	❑	❑	❑	❑

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:				
Training	❑	❑	❑	❑
Competition	❑	❑	❑	❑
9.2. Does he/she obey the decisions of officials 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	Does not apply to the sport
10.1. Does he/she appropriately interact with team mates during:				
Training	❑	❑	❑	❑
Competition	❑	❑	❑	❑

	Ongoing concern	Past concern	Never a concern	Does not apply to the sport
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 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	❑	❑	❑	❑
Competition	❑	❑	❑	❑
10.8. Does he/she have difficulty with motivation during:				
Training	❑	❑	❑	❑
Competition	❑	❑	❑	❑
10.9. Does he/she have difficulty controlling their emotions during:				
Training	❑	❑	❑	❑
Competition	❑	❑	❑	❑

Athletics Performance & Training Environment

Best Performances (in competition) **over the last 12 months**

	Performance	**Date**	**Location**
Shot put			
1500m			
Long jump			
Hammer throw			
Discus			
Javelin			
High jump			
Triple jump			
100/110mh			
100m			
200m			
400m			
400mh			
800m			
3000m/5000m			
10000m			
Steeple chase			
5km/10km walk			
Heptathlon			

Give your best performances in the **<u>main</u>** event in each of the past 5 years.

Event	Performance	Year

How many athletics meetings did you compete in last year? ……..

What event do you train most for? ……

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

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

How is your (main) training group configured?

- ❑ Exclusively athletes with disability
- ❑ Mostly athletes with disability
- ❑ Mostly athletes without disability

Do you have good access to an athletics facility?

- ❑ Yes, very good – the facility has 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 _____	❑	❑	❑	❑
Sport _____	❑	❑	❑	❑
Sport _____	❑	❑	❑	❑
Sport _____	❑	❑	❑	❑

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	❑	❑	❑
I have nationally recognized education/ certification in coaching	❑	❑	❑

I have education/training in coaching athletes with intellectual impairment	❑	❑	❑
I have nationally recognized education/ certification in the **technical** requirements of the sport I am coaching	❑	❑	❑
I have experience coaching high-level athletes without intellectual impairment	❑	❑	❑

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)

To be submitted to World Para Athletics:

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