

## QUESTIONNAIRE FOR STUDENT-ATHLETES

This questionnaire is part of our school's self-evaluation for Title IX compliance. Title IX is a federal law that prohibits sex discrimination in education programs, including athletics programs. The questionnaire is a "Word" document and is designed to be completed electronically. (You may choose instead to print the questionnaire and complete it by hand; attach additional sheets if more space is needed.) You may type your answers into the boxes provided to the right of the questions. Many answers simply involve typing a check mark (X) or "yes" or "no" into the appropriate box. If your answers exceed the space provided, it will lengthen the overall chart. Please delete any extra spacing between the charts to preserve one chart on one page. Please answer each question, and please answer each question thoroughly and accurately. For a particular question, if no benefits are provided to your team, or a question does not apply to your sport, type in "none" or "NA" for not applicable. We will not know your intended answer if you leave a space blank. Please provide your answers for the **2017-18** school year. Please type your name and sport on each page.

**YOUR NAME and SPORT:**

**YOUR PHONE NUMBERS and E-MAIL ADDRESS:**

INTERESTS AND ABILITIES		
<p><b>Please list any sport or team (junior varsity, freshmen, etc.) for which you believe there is sufficient interest for an interscholastic team, but that is not currently offered in the program. Please state why you think there is sufficient interest. If none, please state "none" in each box for girls and boys.</b></p>	Girls:	Boys:
<p><b>Please explain any concerns you have about the sports or teams offered in the interscholastic athletics program. If none, state "none."</b></p>		
<p><b>How many athletes are on your team?</b></p>		

<b>YOUR NAME AND SPORT:</b>			
<b>EQUIPMENT AND SUPPLIES - I</b>			
<p>State the <b>NUMBER</b> of each item given to you for games, and the <b>NUMBER</b> of <b>SEPARATE</b> items given to you for practices. For example, if each athlete on your team receives two pairs of shoes for games and one separate pair for practices, write “2” in the column for games and “1” in the column for practices. If each athlete receives two pairs of shoes to be used for games and practices, then type “2” in the game column and “same” in the column for practices. List all items given to you.</p>	<b>ITEM</b>	<b>GAMES</b>	<b>PRACTICES</b>
	Pants		
	Shorts		
	Suits		
	Singlets		
	Briefs		
	Jerseys		
	T-shirt		
	Collared shirt		
	Warm-up shirt		
	Sweatshirt		
	Warm-up jacket		
	Jacket		
	Warm-up bottom		
	Sweat pants		
	Travel sweats		
	Game shoes		
	Practice shoes		
	Workout shoes		
	Socks		
	Undergarments		
	Sweat bands		
	Caps		
Braces			
Miscellaneous			
Nothing is provided			
<p>List the game and practice uniform items that you and your teammates must provide or must pay for all or part of the costs. If none, state “none” next to “game” and/or “practice” in the box at the right. If you (or your parents) pay part of the cost, state the dollar amount.</p>	<p>game:</p> <p>practice:</p>		

<b>YOUR NAME AND SPORT:</b>	
<b>EQUIPMENT AND SUPPLIES - II</b>	
<b>State the game and practice uniform quality (e.g., excellent, good, average, poor, inadequate – EX, GD, AV, PR, IN). Explain what is wrong if average, poor, or inadequate.</b>	game:  practice:
<b>State the quality (EX, GD, AV, PR, IN) of sport-specific items provided to your team (bats, gloves, golf clubs, soccer balls, tennis rackets, hurdles, mats, rebounders, blocking sleds, etc.). If any items are average, poor, or inadequate, explain which items and why.</b>	
<b>List the sport-specific items that you must provide or buy (for example, fielders' gloves, rackets, golf clubs, bats). If none, state "none" in the box to the right.</b>	
<b>State who launders the game and practice uniforms (e.g., school staff, athletes, parents, coaches, team managers, others).</b>	game:  practice:
<b>Describe any problems with the laundering arrangements. If there are none, type "none" in the box to the right.</b>	
<b>Where is your team's equipment stored? Please list all storage facilities (e.g., equipment room in gym, shed at the field, etc.).</b>	
<b>Are there problems with equipment storage? Please check (X) yes or no. If yes, explain what the problems are.</b>	No:  Yes (explain):
<b>Describe any other concerns for equipment and supplies or list any equipment that you think should be provided but is not.</b>	

<b>YOUR NAME AND SPORT:</b>		
<b>SCHEDULING OF GAMES AND PRACTICES - I</b>		
<b>State your team's regular season and pre-season practice schedule (e.g., M-F 2:30-5:30; conditioning MWF 7-8 am).</b>	regular season:	
	pre-season:	
<b>Check (X) yes or no whether your team's practice time is sufficient and convenient. If no, please explain and list your preferred times.</b>	Yes:	No (explain and list times you prefer):
<b>Check (X) yes or no whether your team's game times and days are convenient for your team and audience attendance. If no, explain what times and days are best for your team.</b>	Yes:	No (explain):
<b>State the number of scrimmages, exhibition games, and/or alumni contests your team scheduled. If none, state "none."</b>	scrimmages:	
	exhibition games:	
	alumni games:	
<b>Is the number of scrimmages, exhibition games, or alumni games okay? If no, list the number you would prefer and the type of game you want scheduled.</b>	Yes:	No (explain):
<b>Is there a season-ending tournament for your sport to determine the conference champion?</b>	Yes:	No:
<b>Does your team automatically qualify for the conference championship tournament? If no, please state the number of teams that qualify for the tournament.</b>	Yes:	No (state number that qualifies):
<b>Do you have any concerns about your team having the opportunity to compete in the post-season? Check (X) yes or no. If yes, please explain your concerns.</b>	No:	Yes (explain):

<b>YOUR NAME AND SPORT:</b>		
<b>SCHEDULING OF GAMES AND PRACTICES – II</b>		
<b>Check (X) yes or no whether the length of your sports season is too long or too short. If yes, explain the problem.</b>	No:	Yes (explain):
<b>Is there something unique about the schedule for your team (e.g., summer games, special training trip, etc.)? Check (X) yes or no. If yes, please explain.</b>	No:	Yes (explain):
<b>Please explain any concerns you may have for game or practice schedules that are not addressed fully above.</b>		

<b>YOUR NAME AND SPORT:</b>		
<b>TRAVEL AND PER DIEM ALLOWANCES - I</b>		
<b>State the NUMBER of athletes, coaches, athletic trainers, sports information staff and others who travel to away events.</b>	athletes: coaches: trainers:	sports info: others (list):
<b>State the NUMBER of times your team has or will use each mode of transportation to your away games this school year.</b>	bus (charter quality): bus (school bus quality): large van (12-15): minivan (7-8): other:	
<b>Check (X) yes or no whether your team will use or used a mode of transportation other than what you would prefer. If yes, list the mode used, the mode preferred, and the location.</b>	No:	Yes – mode used: mode preferred: location:

<b>YOUR NAME AND SPORT:</b>
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<b>TRAVEL AND PER DIEM ALLOWANCES - II</b>	
<b>Check (X) yes or no whether coaches or athletes drive the buses, vans, or cars during team travel. If yes, list the mode, who drives, the destination, and explain if this is a concern.</b>	No: Yes – list mode: who drives: destination: your concerns – if none, state “none.”
<b>State the number of times your team has or will stay overnight for a regular season game. If none, state “none” and skip the next two questions.</b>	
<b>State the number of athletes assigned per hotel room.</b>	number: ever differ? explain:
<b>Check (X) “yes” or “no” whether you have any concerns about the quality of housing during travel. If yes, please explain.</b>	No: Yes (explain):
<b>Check (X) if there was or will be a trip where you want to stay overnight but did not or will not.</b>	No: Yes – location: why not stay:
<b>State the number of times your team stayed overnight after a competitive event and why.</b>	number: why stay:
<b>For away games, are your team’s arrival and departure times okay? Check (X) yes or no. If no, explain.</b>	Yes: No (explain):
<b>Who pays for meals or snacks when you travel to away games? (e.g., coach, athletes, parents, no one).</b>	
<b>What is the quality of food during travel? (e.g., just snacks, fast food meal, buffet style, good quality restaurant, or nothing is provided).</b>	

**YOUR NAME AND SPORT:**

**TRAVEL AND PER DIEM ALLOWANCES - III**

<b>Do you have any concerns about dining during travel (pre-game, post-game meals, quality of food, etc., nothing is provided)? Check (X) yes or no. If yes, explain.</b>	No:	Yes (explain):
<b>Check “yes” or “no” if your team scheduled special travel for games or training trips for this year, last year, or next year. If yes, explain when, the events scheduled, and the location.</b>	No:	Yes (explain when, type of event, and location):
<b>Check (X) yes or no whether post-season travel differs in quality from regular season travel. If yes, please explain.</b>	No:	Yes (explain):
<b>Please describe any team travel concerns you have that are not addressed fully above.</b>		

<b>YOUR NAME AND SPORT:</b>		
<b>COACHING</b>		
<b>In the box to the right, list the names of all of your coaches.</b>		
<b>Do all of your coaches come to practice every day? Check (X) yes or no. If no, list the name(s) of those who do not come to practice and how often they miss practice.</b>	Yes:	No (list names and explain how often):
<b>Do all of your coaches come to your games? Check (X) yes or no. If no, list the name(s) of those who do not come to games and how often they miss games.</b>	Yes:	No (list names and explain how often):
<b>Please describe any concerns you may have about the coaching for your team. If none, please state “none.”</b>		

<b>YOUR NAME AND SPORT:</b>
<b>LOCKER ROOMS, PRACTICE AND COMPETITIVE FACILITIES - I</b>

<p>List all <b>PRACTICE</b> facilities and indicate the quality of each (e.g., excellent, good, average, poor, inadequate). If average, poor, or inadequate, please explain why.</p>	<p>name(s) and quality (EX, GD, AV, PR, IN):</p>	
<p>List all <b>HOME</b> competitive facilities by name (including any off-campus facilities where your team hosts competitions) and indicate the quality of each (e.g., EX, GD, AV, PR, IN). If average, poor, or inadequate, please explain why.</p>	<p>name(s) and quality (EX, GD, AV, PR, IN):</p>	
<p>Check (X) whether any practice or competitive facility is off-campus. If yes, list the facility and distance from campus.</p>	<p>No:</p>	<p>Yes (state the facility and distance from campus):</p>
<p>Check who prepares the <b>PRACTICE</b> facilities on a daily basis (e.g., staff, coaches, athletes, team managers, others, etc.). List any tasks performed by coaches or athletes, and explain if this is okay (e.g., team bonding) or not okay (e.g., time-consuming, distracting).</p>	<p>school staff: coaches (list tasks, and if okay or not):  athletes (list tasks, and if okay or not):  team managers:  others:</p>	
<p>Explain any concerns about the practice facility preparation. If none, state "none."</p>		
<p>Check who prepares the <b>HOME GAME</b> facilities (e.g., staff, coaches, athletes, team managers, others, etc.). List any tasks performed by coaches or athletes, and explain if this is okay (e.g., team bonding) or not okay (e.g., time-consuming, distracting).</p>	<p>school staff: coaches (list tasks, and if okay or not):  athletes (list tasks, and if okay or not):  team managers:  others:</p>	
<p>Explain any concerns about the home game facility preparation. If none, please type "none."</p>		

**YOUR NAME AND SPORT:**

**LOCKER ROOMS, PRACTICE AND COMPETITIVE FACILITIES - II**



<p>After each feature listed in the box to the right, state “yes” or “no” whether that feature is provided at your HOME game facility.</p>	<p>concessions: adequate spectator seating: public address system: electronic score board: restrooms for spectators: special lighting: other:</p>
<p>Explain any concerns you have about the quality of your home competitive facility or any of the features listed above or any features that are not provided.</p>	
<p>Check (X) yes or no whether the location of your locker room is convenient. If not, explain the concern.</p>	<p>Yes: No – explain location concern:</p>
<p>If your team does not have a locker room, state this and explain if this is a problem or okay. If your team has a locker room but does not use it, explain why.</p>	<p>do not have a locker room (okay or not):  have locker room but choose not to use it – explain why:</p>
<p>What is the quality of your locker room (e.g., EX, GD, AV, PR, IN)? If average, poor, or inadequate, please explain why.</p>	
<p>List the other teams or groups with whom you share your locker room. If none, state “none.”</p>	
<p>List any special features in your locker room (e.g., laundry facilities, trainers/treatment area, adjoining equipment or team room, TVs, furniture). If none, state “none.”</p>	
<p>State which locker room is provided for the visiting team (building/room location). If none is provided, state “none.”</p>	
<p>Please describe any concerns for practice, competitive, or locker room facilities that are not addressed fully above.</p>	

**YOUR NAME AND SPORT:**

**MEDICAL AND TRAINING FACILITIES AND SERVICES - I**

<b>Do medical doctors or athletic trainers attend your Home Games, Away Games, or Practices? List ‘MD’ for doctor or ‘TR’ for trainer in the appropriate box for those who attend your home events, away events, and/or practices. State “none” in the box if no one attends home games, away games, or practices.</b>	at home games:	
	at away games:	
	at practices:	
<b>Do you have any concerns for the availability of medical or training staff at your home games, away games, or practices? Check (X) yes or no. If yes, please explain.</b>	No: Yes (explain):	
<b>Check (X) whether athletic trainers have any responsibilities with the team other than training responsibilities.</b>	No:	Yes (explain):
<b>Check (X) when you must get a physical exam.</b>	each year: OR, once as incoming student:	
<b>List who conducts the physical exams (e.g., athletes’ personal MD, team MD, athletic trainers, etc.).</b>		
<b>Where do athletes get physical exams? (facility name)</b>		
<b>Who arranges the exams?</b>		
<b>Check (X) whether you have concerns regarding the physical examinations (e.g., schedule, location, provider).</b>	No:	Yes (explain):

<b>YOUR NAME AND SPORT:</b>
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<b>MEDICAL AND TRAINING FACILITIES AND SERVICES - II</b>
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<b>List the building / room name of the weight room(s) your team uses. If none, state “none.”</b>		
<b>List your team’s workout days and times in the weight room (e.g., MWF 8-9, TuThSa 4-5). If you choose not to use a weight room, explain why.</b>	days and times:	choose not to use weight room – explain why:
<b>Check (X) yes or no whether your team’s schedule in the weight room is convenient and sufficient. If no, explain.</b>	Yes:	No (explain):
<b>Explain any concerns for the weight room facilities (e.g., crowded, equipment, schedule, supervision, etc.) or state “none” if you have no concerns.</b>		
<b>List the building / room for the training room your team uses. If none, state “none.”</b>		
<b>Check (X) whether the training room is available on a scheduled basis, drop-in basis, or both.</b>	both scheduled and drop-in: drop-in: scheduled:	
<b>Check (X) whether your team’s times in the training room are convenient and sufficient. If not, explain.</b>	Yes:	No (explain):
<b>Explain any concerns for the training room facilities (e.g., crowded, equipment, schedule, staffing, etc.) or state “none” if you have no concerns.</b>		
<b>Please explain any concerns you may have for medical and training facilities and services that are not discussed above.</b>		

**YOUR NAME AND SPORT:**

<p>List which groups are at your home and away events (cheerleaders, pep band, mascot, dance/drill team, etc.). If none, type in "none" after home and/or away.</p>	<p>HOME:</p> <p>AWAY:</p>			
<p>Check (X) yes or no whether there is a group (cheerleaders, pep band, mascot, dance/drill team, etc.) that you would like to perform more often at your contests.</p>	<p>No:</p>		<p>Yes (list groups and whether home or away):</p>	
<p>Check (X) yes or no whether there are promotional activities at your home events (e.g., give-aways, raffles, entertainment).</p>	<p>No:</p>		<p>Yes (list activity and how often):</p>	
<p>State the average number of spectators at your home events.</p>				
<p>Check (X) each box for which the publication is provided for your team. If no publications are provided for your team, then state "none" in the box at the far right for "other."</p>	<p>media guide:</p>	<p>game program:</p>	<p>schedule card:</p>	<p>poster:</p>
	<p>press releases:</p>	<p>newspaper ads:</p>	<p>website entries:</p>	<p>other (list):</p>
<p>Are there problems with publications for your team? Check (X) yes or no. If yes, explain (e.g., publication not provided, timeliness, frequency, quantity, quality, etc.).</p>	<p>No:</p> <p>Yes (explain):</p>			
<p>State who pays for any publications for your team.</p>				
<p>Are your home events broadcast on radio, television, or webcast? Check (X) yes or no. If yes, explain which, how often, and who arranges the broadcasts.</p>	<p>No:</p>		<p>Yes:</p> <p>TV, radio, or webcast:</p> <p>how often:</p> <p>who makes arrangements:</p>	
<p>Check (X) yes or no whether the game times and/or scores/results for interscholastic teams are broadcast on the school-wide public address system.</p>	<p>Yes (state how often):</p>		<p>No:</p>	

**YOUR NAME AND SPORT:**

<p>Check (X) yes or no whether display cases at school include trophies, plaques, and similar awards for girls' and boys' teams.</p>	Yes:	No:
<p>In your opinion, are displays of such awards equivalent for girls and boys?</p>	Yes:	No (explain):
<p>List which groups (athletes, coaches, parents, and/or boosters) fundraise for your team, describe the activities, estimate the amount raised, and explain the benefits purchased (e.g., equipment, travel benefits, coaching stipend, etc.). If no one fundraises for your team, state "none" in the box for "groups."</p>	groups:	
	activities:	
	amount raised:	
	benefits purchased:	
<p>List the NAMES of the sports information staff who attend most or all of your home and away events. If none, state "none."</p>	home:	away:
<p>Check (X) yes or no whether your team has an awards banquet or similar event. If yes, explain the type of event, how often such events are scheduled, and who arranges the event.</p>	<p>Yes: event: how often: who makes arrangements:</p>	No:
<p>What is your opinion of the overall quality of publicity for your team (e.g., EX, GD, AV, PR, IN)? If average or worse, please explain.</p>		
<p>Explain any publicity concerns for your team not addressed fully above.</p>		

**YOUR NAME AND SPORT:**

**HOUSING AND DINING FACILITIES AND SERVICES**

<p>Check (X) “yes” or “no” in the appropriate box whether your team has pre-game or post-game meals for your HOME games. If yes, state location and food provided.</p>	<p><b>Pre-Game Meals</b>  <b>No:</b>  <b>Yes</b> (state location and food provided):</p>	<p><b>Post-Game Meals/Snacks</b>  <b>No:</b>  <b>Yes</b> (state location and food provided):</p>
<p>If pre-game and/or post-game meals are not provided, check (X) whether this is okay or not okay. If not okay, state what you would prefer.</p>	<p>Okay:  Not Okay (state preferences for pre-game and/or post-game, food desired, and location):</p>	
<p>For HOME events, explain any concerns you have for dining or housing benefits for your team. If none, state “none.”</p>		

<p><b>YOUR NAME AND SPORT:</b></p>		
<p style="text-align: center;"><b>TUTORING</b></p>		
<p>Does your school have a tutoring program just for athletes? Check (X) yes or no. If yes, explain.</p>	<p>No:</p>	<p>Yes (explain):</p>
<p>Does your coach require you to attend study hall? Check (X) yes or no. If yes, explain the requirements, hours, and any concerns.</p>	<p>No:</p>	<p>Yes (list hours, requirements, and your concerns, if any):</p>
<p>Explain any concerns you may have about academic services at your school or for athletes (e.g., pre-registration, access to computer labs, library access, quality of any tutors, etc.), or other concerns about tutoring or academic services for your team. If none, please state “none.”</p>		

<p><b>MISCELLANEOUS</b></p>
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**Please provide any comments about the program or your team that you think would be helpful, or describe any concerns you may have that are not addressed fully by the questions above.**