

SURVEY OF PROGRAM INTERESTS

Child's Name _____ Phone _____
Street _____ City _____ State _____ Zip _____
Age _____ Parent/Guardian's Name _____
Child's E-mail _____ Parent's E-mail _____

Please check all activities that interest your child. Note that all activities would be made accessible to children who are visually impaired or blind.

- | | | |
|---|--|--|
| <input type="checkbox"/> Amusement Park | <input type="checkbox"/> Golf | <input type="checkbox"/> Snow Skiing |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Hay Rides | <input type="checkbox"/> Snow Tubing |
| <input type="checkbox"/> Audio darts | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Judo | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Beep baseball | <input type="checkbox"/> Karaoke | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Lawn Games | <input type="checkbox"/> Talent Show |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Tandem Biking |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Nature Hikes | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Parties/Socials | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Picnics | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Pirates Game | |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Rock Climbing | |
| <input type="checkbox"/> Goalball | <input type="checkbox"/> Roller Skating | |

From the checked items above, please list your child's top five preferences.

1st _____ 3rd _____ 5th _____
2nd _____ 4th _____

Please list any additional activities not listed above that your child would like to do.

How often would your child like to attend a SportsVision activity?

Monthly Every Other Month Quarterly

Please indicate the three best days and times when you/your child could attend a SportsVision activity. Give a specific day and time range.

How far are you willing to travel to a SportsVision activity?

½ hour 1 hour 1-1/2 hours 2 hours

Please continue on the reverse side.

Please indicate which activity lengths your child prefers to attend.

Less than 2 hours 2-4 hours 4-6 hours 6-8 hours

How much would you be willing to pay for your child to attend a one-time SportsVision activity?

No fee Up to \$5 Up to \$10 Up to \$20

Would your child be interested in attending repetitive-style activities (i.e. weekly classes, an every other week adapted sports league)? Yes No

If yes, please indicate which of the following repetitive activities interest your child.

<input type="checkbox"/> Audio darts sessions	<input type="checkbox"/> Ice Skating Lessons
<input type="checkbox"/> Arts & Crafts Classes	<input type="checkbox"/> Martial Arts Classes
<input type="checkbox"/> Beep baseball team	<input type="checkbox"/> Soccer Team
<input type="checkbox"/> Bowling league	<input type="checkbox"/> Swimming Lessons
<input type="checkbox"/> Dance classes	<input type="checkbox"/> Tandem Bike Rides
<input type="checkbox"/> Goalball team	<input type="checkbox"/> Other _____

How much would you pay as a one-time fee for your child to attend a set of repetitive activities?

Less than \$10 \$10-\$20 \$20-\$30 More than \$30

Please describe what (if any) barriers would keep your child from being able to attend activities.

Please indicate in which formats you and your child would like to receive future SportsVision information.

Regular Print 16-pt Large Type Audio Cassette E-mail

How would you like to become more involved with SportsVision? Please check all items that apply.

- I would like to be sent a SportsVision brochure.
- I can assist with car pooling to SportsVision activities.
- I would like to help plan SportsVision activities.
- I want to learn more about volunteer opportunities with SportsVision.
- I would like more information about adapting a specific sport. _____
- I know of a community group where SportsVision could speak about its work.
- I know of another child with a visual impairment who could benefit from SportsVision.

Contact information for above community and participant referrals.

Please share any additional comments, program suggestions, or information that you feel would be helpful.

Please return this completed survey to SportsVision, P.O. Box 23053, Pittsburgh, PA 15222. If you have any questions, please contact Sue Lichtenfels in the SportsVision office at (412) 429-1996 or e-mail info@MySportsVision.org.