

School and sport

This survey is aimed at identifying and analysing the difficulties and causes that exclude young people from participating in sport in school, looking at strategies for inclusion. It has been developed as part of the European Union Erasmus+ project P.L.A.Y.! Peer education, Leadership, Action, Youth – promoting grassroots sport for educational success and social inclusion.

Please read the instructions carefully and fill in this short and anonymous survey.

*Required



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1. Gender *

Mark only one oval.

- Male
- Female
- Other: _____

2. Age *

Mark only one oval.

- 6 - 10 years
- 11 - 15 years
- 16 - 20 years
- 21 years and more

3. Do you like to go to school? *

Mark only one oval.

- Yes, very much
- Yes
- No
- No, I don't like school at all

4. What do you like the most about school? *

5. What do you like the least about school? What are the major challenges you face? *

Mark only one oval per row.

	TRUE	FALSE
It is difficult for me to read and write	<input type="radio"/>	<input type="radio"/>
I need more time, explanation and support to understand lessons	<input type="radio"/>	<input type="radio"/>
I feel excluded in the playground	<input type="radio"/>	<input type="radio"/>
It is difficult for me to concentrate and participate in class for long periods of time	<input type="radio"/>	<input type="radio"/>
I don't like school work and I'm often avoiding it (homework, learning, ...)	<input type="radio"/>	<input type="radio"/>
I can't fully understand language of country I live in (at home I speak another language)	<input type="radio"/>	<input type="radio"/>
I don't get along well with my schoolmates, I feel that they don't like me	<input type="radio"/>	<input type="radio"/>
I can't learn alone	<input type="radio"/>	<input type="radio"/>

6. Who helps you overcome these challenges? *

Tick all that apply.

- My teacher
- Counselor
- Additional teacher
- The teacher of remedial classes
- Instructor
- Parents
- Classmates
- Brothers / Sisters
- Coach
- Other: _____

7. Do you like sport? *

Mark only one oval.

- Yes, very much
- Yes
- No
- No, I don't like sport at all

8. Do you practice sport ? *

Mark only one oval.

- Only in school (physical education classes, sports days) *Skip to question 11.*
- Yes, in school and outside of school (on playground with friends and/or in my free time)
Skip to question 9.
- Yes, in school and I train in a sport club/society *Skip to question 9.*
- No, I never practice sport *Skip to question 12.*

9. Which sport do you practice? *

Tick all that apply.

- Basketball
- Football
- Volleyball
- Handball
- Tennis
- Athletics
- Gymnastics
- Badminton
- Other: _____

10. Who supports and encourages you to practice sport? *

Tick all that apply.

- Parents
- Brothers / Sisters
- My coach
- Teacher at school
- Friends
- Nobody
- Other: _____

Stop filling out this form.

11. Why don't you practice sport in your free time, after school? *

Tick all that apply.

- I'm not interested in sport
- I don't have time, because I have other activities
- I don't like competitions
- I tried, but I didn't like it
- My parents don't let me, they don't support me
- I would like to, but my parents can't afford it
- I would like to, but I'm afraid
- I would like to, but I don't understand the language
- I would like to, but I don't know which sport I should pick or there is no sport I like where I live
- There are no gyms or sport facilities near my house
- Other: _____

Stop filling out this form.

12. Why don't you practice sport? *

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