Attachment A: HRRC Approval Letter
Dr. Cate McClain, MD and Wendy Barrington, MPH from the Department of Pediatrics, are conducting a research study. The purpose of the study is to evaluate the effectiveness of this youth mentoring program on increasing physical activity and improving nutrition. You are being asked to participate in this study because you are a participant (a mentee, parent of a mentee, or a mentor) of *I Can Do It, You Can Do It* program.

Your participation will involve completing a mentee/mentor matching form and a survey(s).

If you are a **mentee** (or parent of a mentee), you will complete:
- A mentee matching form
- 2 surveys: a pre-assessment at the beginning of the program and a post-assessment at the end of the program, 6 weeks later.

If you are a **mentor**, you will complete:
- A mentor matching form
- A post-assessment at the end of the 6 week program.

All forms and surveys/assessments will be completed on-line. The mentee/mentor matching form takes approximately 5 minutes to complete. Pre-assessment and post-assessment surveys should take an additional 20 minutes each to complete. Your involvement in the study is voluntary, and you may choose not to participate. The forms and surveys include questions about your physical activity and nutritional behaviors, basic demographics, and opinions about participation in the program. You can refuse to answer any of the questions at any time. There are no known risks in this study, but some individuals may experience discomfort when answering questions. All data will be kept for 1 year in a locked file in Dr. McClain’s office and then destroyed.

Each survey will be coded with a unique study number. No names or other personal identifiers will appear on the survey. All completed surveys will be kept confidential and only research staff and the University of New Mexico Health Science Center (UNMHSC) Human Research Review Committee will have access to research data.

The findings from this project will provide information on improving the *I Can Do It, You Can Do It* health promotion intervention. If published, results will be presented in summary form only. You can access further information about the study or the research findings via our website: [http://cdd.unm.edu](http://cdd.unm.edu).

If you have any questions about this research project, please feel free to call Wendy Barrington at (505)272-8702. If you have questions regarding your legal rights as a research subject, you may call the UNMHSC Human Research Review Committee at (505) 272-1129.

By completing any of the on-line forms or surveys, you will be agreeing to participate in the above described research study. Thank you for your consideration.

Sincerely,

*Cate McClain*

Dr. Cate McClain
Director for the Center of Development and Disability
Attachment B: Recruitment Materials for Organizations
Effectiveness Study of

I Can Do It! You Can Do It!

A Health Promotion Intervention for Youth with Disabilities

The American Association on Health and Disability and the Center for Development and Disability at the University of New Mexico are conducting a research study on the effectiveness of a health promotion intervention for youth with disabilities called I Can Do It! You Can Do It!

We are recruiting agencies to participate in the study.

- **What is I Can Do It, You Can Do It?**
  It’s a six-week mentoring program developed by the Office on Disability in the Department of Health and Human Services. Mentors, with or without disabilities meet weekly with an adolescent with a disability to help them learn the value of physical activity and nutrition.

- **How Does the Study Work?**
  The study will include matched treatment and control groups of 100 adolescents with disabilities in each group. Participants in the treatment group will participate in the program while those in the control group will not. Both groups will complete three surveys - before the program starts, immediately after it ends, and a three-month follow-up. Participants will receive incentives for completing each survey.

- **What do Agency Coordinators do?**
  Agency coordinators recruit adolescents with disabilities to participate in the study, recruit potential mentors and work with research staff to facilitate completion of the surveys. Participating agencies receive a small honorarium.

For More Information:

Barbara Ibáñez
Center for Development and Disability
University of New Mexico
(505) 272-6271
bibanez@salud.unm.edu
Attachment C: Registration Form
I CAN DO IT, YOU CAN DO IT!
Study Registration Form

Date: __________________________ User ID: __________________________ Password: __________________________
Welcome!

Welcome to the *I Can Do It, You Can Do It* Effectiveness Study and thank you for your interest! Here is some general information about the study.

**What is the *I Can Do It, You Can Do It* Effectiveness Study?**

- Researchers from the University of New Mexico want to find out whether the *I Can Do It, You Can Do It* program helps youth with disabilities eat better and become more physically active.

**Who can participate?**

- Youth ages 12-21 years who have a any type of disability

**Why participate?**

- To help make this program better for other people who might participate in the program in the future.

**What will I do?**

You will:

- Fill out the study registration form in this booklet.
- Be assigned to one of two groups - one will go through the program and the other group will not.
- Fill out 3 surveys - just before the program starts, just after it ends, and finally three months after it ends.
- Get incentives for completing the surveys.

If you would like to be a part of this study, please read the letter from the researchers on the next page that explains how your privacy will be protected during the study. Then fill out the Study Registration Form and return it to your sponsoring agency. Ask your parent or guardian if you need any help answering the questions. Thank you!
Dr. Cate McClain and Wendy Barrington in the Department of Pediatrics of the University of New Mexico are conducting a research study. The purpose of the study is to determine how well the I Can Do It, You Can Do It program works on improving nutritional and physical activity behavior in youth with disabilities.

If you agree to participate, you will be assigned to either a treatment group (these participants will go through the I Can Do It, You Can Do It Program) or a control group (these participants will NOT go through the I Can Do It, You Can Do It Program). Both of these groups are equally important and will complete a written or online survey 3 times within the next 5 months: at the beginning of the study, at the end of the study, and 3 months after the end of the study.

Each survey is identical and should take about 20 minutes to complete. Your involvement in the study is voluntary, and you may choose not to participate. The survey includes questions about your physical and emotional health, nutrition, and any limiting conditions you have. You can refuse to answer any of the questions at any time. All surveys will be available to you by your sponsoring agency in paper format or on the internet. You will either turn in your paper survey to your sponsoring agency when finished or complete the survey online. You will receive a small incentive upon completion of each survey.

By completing and returning this registration form to your sponsoring agency or online, you will be agreeing to participate in this study. The registration form asks for individual and household demographic information to help us assign you to either the treatment or control group. This information is also important in analyzing the data from the study. Asking about your household income, for example, helps us to learn whether persons in one income group have certain conditions more or less often than those in another group. If you are unsure about the answers to some of the questions, you may ask a parent, guardian, or adult family member to help.

Each survey will be coded with a unique study number. No names or other personal identifiers will appear on the paper or online surveys. All completed forms with your name will be kept confidential by your sponsoring agency. Research staff will not have access to your name. All completed surveys will be kept confidential and only research staff and the University of New Mexico Health Science Center (UNMHSC) Human Research Review Committee will have access to research data. The findings from this project will provide information on designing future health promotion interventions for people with disabilities. If published, results will be presented in summary form only.

If you have any questions about this study, please feel free to call Barbara Ibanez at (505)272-6271. If you have questions regarding your legal rights as a research subject, you may call the UNMHSC Human Research Review Committee at (505) 272-1129.

Thank you for your consideration.

Sincerely,

Wendy Barrington
Wendy E. Barrington, MPH
Associate Scientist
Center of Development and Disability  HRRC#: 06-001
1. Name: ________________________________________________________________________

2. Address: _________________________________________________________________
   2a: Youth Phone: ________________________________________________________________________
   Address
   _________________________________________________________________
   City State Zip Code

3. Parent/Guardian Contact Information:

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td></td>
</tr>
<tr>
<td>Work Phone:</td>
<td></td>
</tr>
<tr>
<td>Cell phone:</td>
<td></td>
</tr>
<tr>
<td>e-mail:</td>
<td></td>
</tr>
</tbody>
</table>

4. Emergency Contact:

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City State Zip Code</td>
</tr>
</tbody>
</table>

5. Are You:
   - [ ] Male
   - [ ] Female

6. Are you Hispanic or Latino?
   - [ ] Yes
   - [ ] No

7. Which best describes your race?
   - [ ] American Indian/Alaska Native
   - [ ] Asian
   - [ ] Black/African-American
   - [ ] Native Hawaiian/Pacific Islander
   - [ ] White/Caucasian
   - [ ] Other (describe): _______________________________________________________________

8. How many people 18 and older live in your house with you? ____________

9. How many people (17 and younger) live in your house with you? ____________
10. What is the main language spoken in your home?

- English
- Spanish
- Other (describe): ________________________________________________

11. What is the highest grade or year of school either of your parent(s) completed? (please check one)

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (Some college or technical school)
- College 4 years or more (College graduate)

12. What is the total annual income earned by everyone in your household?

- Under $10,000
- Between $10,000 and $14,999
- Between $15,000 and $19,999
- Between $20,000 and $24,999
- Between $25,000 and $34,999
- Between $35,000 and $49,999
- Between $50,000 and $74,999
- $75,000 or more

13. What type of disability or health condition do you have? (please check all that apply):

- Cognitive Disability (e.g. Autism, Down’s Syndrome, Fragile X Syndrome)
- Learning Disability (e.g. dyslexia, Attention Deficit Disorder, Sensory Integration Disorder)
- Mental Health Disability (e.g. Anxiety Disorder, Bipolar Disorder, Depression, Schizophrenia)
- Physical Disability (e.g. amputation, multiple chemical sensitivities, Muscular Dystrophy, Paraplegia, Cerebral Palsy, Spina Bifida)
- Sensory Disability (e.g. blindness or visual impairment, deaf or hard of hearing)
- Other (describe): ________________________________________________
14. Do you use any accommodations or special equipment?

- Yes *(Please answer question 14A, 14B)*
- No *(Please skip to question 15)*

14A. What types of accommodations and/or special equipment do you use? *(Please check all that apply)*

- Accommodations for Sensory Disabilities (ASL interpreter, alternate format materials, braille, captioning large print, scribe, reader, etc.)
- Accommodations for Mobility Impairments (walker, crutches, manual or motorized wheelchair, scooter, etc.)
- Assistive technology *(describe):* ____________________________________________________
- Personal Care Assistant
- Service animal (i.e. guide dog or other animal)
- Oxygen/special breathing equipment
- Other *(describe):* ____________________________________________________

15. Do you have any allergies?

- Yes *(Please answer question 15A)*
- No *(Please skip to question 16)*

15A. Which allergies do you have? *(Please check all that apply)*

- Food allergies *(describe):* ____________________________________________________
- Bee stings
- Other *(describe):* ____________________________________________________

16. Which of these is your sponsoring agency?

- Amputee Coalition of America
- Disabled Sports USA
- Shake-A-Leg Miami
- The Arc of New Mexico
- Albuquerque Public Schools (New Mexico)
- University of Montana

*Thank you for completing this form.*
Attachment D: Mentor Registration Form
MENTOR REGISTRATION FORM

Instructions

• The information on this form will be kept confidential by the sponsoring agency.
• This form is available for downloading and printing from the project web site: http://icandoit-aahd.health.unm.edu/
• Please answer the questions on the registration form and sign and date the Volunteer Agreement, Code of Conduct and Release Form.
• Please return the original of the completed and signed form to the Agency Coordinator.
• Be sure and keep a copy for yourself.

Thank You!
1. Your Name: ____________________________________________
   First    Middle Initial    Last

2. Your Date of Birth: _______________________________________

3. What is your address?
   (Please print)
   _______________________________________________________
   _______________________________________________________
   City       State       Zip Code

4. Have you lived at this address less than two years?
   ❑ Yes (Please answer question 4A)
   ❑ No (Please skip to question 5)

5. Please provide the following contact information.
   Home Phone: _____________________________________________
   Work Phone: _____________________________________________
   Cell phone: _____________________________________________
   e-mail: _________________________________________________

6. What is the name of your employer (or school if a student)?
   _______________________________________________________

7. How long have you been employed by your current employer?__________

8. What is the address of your current employer? (or school if applicable)
   _______________________________________________________
   _______________________________________________________
   City       State       Zip Code

9. Emergency Contact Information
   ________________________________
   ________________________________
   ________________________________
   ________________________________

   Name
   _______________________________________________________
   Address
   _______________________________________________________
   _______________________________________________________
   City       State       Zip Code

   Phone Information
VOLUNTEER AGREEMENT

I understand that:

• The information I have provided may be verified, and I give permission to the participating organization to make inquiries concerning my suitability to act as a volunteer mentor;

• In the course of volunteering, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;

• The relationship between the “I Can Do It, You Can Do It” program and volunteers and mentors is an “at will” arrangement, and that it may be terminated at any time without cause by either you as the mentor or the participating organization;

• The information that I have provided may be verified, and I hereby release and agree to hold harmless from liability any person or organization that provides information concerning me to the participating organization; and that

• If any of the above information changes on my application that I am responsible to inform the participating organization of those changes as soon as they occur.

Mentor Signature: __________________________________________________________

Date: __________________________________________________________

Please return the original of this form to the Agency Coordinator, and make a copy for your records.
MENTOR CODE OF CONDUCT

- The use of alcohol or illegal drugs or intoxication of a mentor in the presence of a participant/mentee or during youth programs is prohibited.

- Spanking, striking, or any other form of physical punishment of a mentee by a mentor is prohibited.

- Any type of emotional, mental, psychological, physical or verbal abuse is prohibited.

- Any form of harassment is prohibited. Unsolicited remarks, gestures, or physical contact, display or circulation of written materials or pictures derogatory to gender, race, ethnicity, color, national origin, ancestry, religion, age, sexual orientation, political belief, appearance or disability group is prohibited. Individuals who feel harassed by a mentor or anyone else during the Program or who witness harassment should immediately report such incidents to the Agency Coordinator.

- Violation of these policies will result in termination from the Program.

I agree that if I am accepted into the Program and matched with a mentee, I fully understand and will abide by these policies.

Mentor Signature: _______________________________________________________________

Date: ____________________

Please return the original of this form to the Agency Coordinator, and make a copy for your records.
MENTOR RELEASE FORM

I understand:

• That being a Mentor is an undertaking requiring responsibility and integrity;

• That the sponsoring organization may conduct a criminal background check on me; and

• That I release the sponsoring organization, its officers, directors, employees, agents and representatives from any and all liability whatsoever relating to the disclosure or use of my criminal record obtained, if any, pursuant to the State or other laws.

Mentor Signature: ______________________________________________________________

Date: __________________

Please return the original of this form to the Agency Coordinator, and make a copy for your records.
Attachment E: Recruitment Flyer for Mentors
Mentors Wanted!

- Are you at least 18 years old?
- Want to make a difference in the lives of youth with disabilities?
- Are you available at least an hour once a week from February 12 – March 23?

THEN, WE WANT YOU!

**Contact:**
Phone: 
Email: 

_Sponsored by the American Association on Health and Disability (AAHD) and Center for Development and Disability (CDD) at the University of New Mexico_
Attachment F: Initial Recruitment Flyer for Youth
Final Report on the Evaluation of the *I Can Do It, You Can Do It* Health Promotion Intervention

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We Need You!

Are you between the ages of 12 and 22 years old and have a disability? We need your help!

- We are looking for **youth with disabilities from 12 to 22 years old to be in a study** to see if a new mentoring program called *I Can Do It, You Can Do It* works. The program is designed to increase participant's awareness of good nutrition and physical activity habits.

- **Study participants will be divided into two groups.** One group will go through the six-week program, while the second group will not. People in both groups will complete short surveys before and after the program.

- **All participants will receive incentives** when they register for the program and when they complete the surveys.

You will receive these incentives...

1. **After you complete the registration form**, get your choice of a nice slimline **Calculator** or a stress relieving **Rainbow Squeeze Ball**

2. **After you complete the pre-survey**, get a handy **carabineer Keychain with a Flashlight**

You will receive these incentives... *(continued)*
3. After you complete the **immediate post-survey**, get a cool 35 mm disposable Camera with 27 exposures

4. After you complete the **3-month post-survey**, get a Carabineer FM Radio with Ear buds

---

**Here's What To Do:**

1. **Contact the person below** for more information about the study:

2. If you decide to be in the study, the agency coordinator will **get you a registration packet to fill out and return to them**.

3. After you return your completed registration form and signed consent form, **get the incentive you choose** (see front #1) either the calculator or the rainbow squeeze ball.

4. The agency coordinator will be in touch with you about what happens next. **Welcome to the Study!**
Attachment G: Program Manual for Agency Coordinators
I CAN DO IT, YOU CAN DO IT

Program Manual
For Agency Coordinators

American Association on Health Center for Development and Disability
University of New Mexico

http://icandoit-aahd.health.unm.edu/
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Program Sponsors and Developers:

U.S. Department of Health and Human Services
Office on Disability
President’s Council on Physical Fitness and Sports
National Institutes of Health
National Institute of Child and Human Development
Division of Nutrition Research Coordination
Welcome to I Can Do It, You Can Do It

Thank you for agreeing to serve as an Agency Coordinator for the I Can Do It, You Can Do It program in your agency. This manual contains all the information you will need to learn about the program and what you will need to carry it out successfully. You’ll get an overview of what the four key participants in the program - the Sponsoring Agency, the Agency Coordinator, the Mentor and the Mentee - do before, during and after the program.

You’ll also learn how mentees may decide to register for the Presidential Active Lifestyle Award (PALA). This is a separate program that entails additional recordkeeping on the mentee’s part. On the following pages, you’ll find out about:

- How to start the program in your agency
- How to recruit mentors
- How to implement the program
- How to work with program research staff to assist in the evaluation of the program
- How to complete program forms

What is The I Can Do It, You Can Do It Program?

I Can Do It, You Can Do It is a national program launched in May 2004 by the Department of Health and Human Services, Office on Disability. The program uses a one-time relationship over a six week period between a mentor, who is an adult 18 or older and who may or may not have a disability, and a “mentee” - a youth with a disability between the ages of 12 and 21 - to:

- Increase the knowledge of participating youth about the value of physical activity and good nutrition;
- Increase the knowledge of participating youth about physical activities they can do and how to make better nutritional choices;
- Increase the physical activity and change their eating habits to reflect better nutritional choices of participating youth.

Mentors and Mentees

The program involves a mentee and a mentor.

- Mentees are youth with disabilities, 12 to 21 years of age.
- Mentors are people over 18 who are willing to meet with one or more mentees on a regular basis over a six-week period.
- Mentees and mentors are paired, so each mentee will have his or her own mentor.
- Working with their mentors, mentees choose their own physical activity and nutritional goals and work towards these goals. In addition, participating youth may also receive a Presidential award for their achievements by registering for the Presidential Active Lifestyle Award (PALA). This is a separate process, and mentees who register to receive this award must keep a more detailed log of their activities. See the section on PALA in this manual for more information.
- Mentors meet face-to-face with their mentees once a week and support the mentee in his or her efforts to meet the mentee’s program goals.
What Makes I Can Do It, You Can Do It Unique?

The *I Can Do It, You Can Do It* program is:

**Inclusive:** All individuals, regardless of how active they are or what type of disability they may have, can participate in the *I Can Do It, You Can Do It* program. A mentee “wins” by setting his or her personal goals related to physical activity and nutrition and by achieving these goals. The mentor wins by being a partner and supporting the mentee in his or her efforts.

**Voluntary:** This program is voluntary. It brings together youth with disabilities with mentors over the age of 18, who may or may not have a disability.

**Rewarding:** Everyone can be successful in this program! By setting their individualized, achievable physical activity and nutrition goals, participating youth set themselves up to win. They can also choose to register to receive the Presidential Active Lifestyle Award (PALA). See the section on the PAPA later in this manual.

**Free:** There is no cost to join and participate in the program.

What Does A Sponsoring Agency Do?

Sponsoring agencies play a very important role in the *I Can Do It, You Can Do It* program. A sponsoring agency must be a non-profit 501 (C) 3 agency under the Internal Revenue service Code - for example, an educational institution, community agency or faith-based agency.

Sponsoring agencies agree to:

- Select an Agency Coordinator - a staff member of the organization who will coordinate the program. The next section describes the role of the Agency Coordinator in more detail.
- Provide a computer with Internet capability on which mentors and mentees can complete the registration and other forms. If your agency does not have a computer with Internet capability, alternative arrangements will be made for paper and pencil submissions.
- Work with project staff at the Center for Development and Disability at the University of New Mexico to complete the program evaluation (see the section on program evaluation later in this manual).
- Ensure confidentiality of information about mentors and participating youth. At the beginning of the program, mentors and mentees will complete registration forms that contain personal information, including information about health insurance and emergency contacts. The sponsoring agency maintains a confidential record keeping system to ensure this information is kept confidential.
- Use the *I Can Do It, You Can Do It* brochure and flyer (See “Forms” section of this manual) to help recruit mentors and mentees.
- Agree to support the *I Can Do It, You Can Do It* program without charging any fees to its participants.
- Work with mentors to ensure that each participating youth receives clearance to participate in the program from his or her primary health care provider (see page 10 of this manual for more information).
The Role of the Agency Coordinator

At least one staff person of the sponsoring agency should assume the role of Agency Coordinator. The Agency Coordinator has overall responsibility for monitoring the I Can Do It, You Can Do It program and plays a vital role in promoting the program, recruiting mentors and mentees, conducting optional publicity events (such as kickoff events), keeping program records, and being available for both mentors and mentees for advice and encouragement as they go through the program.

Key tasks for the Agency Coordinator are to:

- Communicate with staff or others who might consider becoming mentors, or who might know youth with disabilities who are potential participants.
- Recruit and enroll mentees and mentors.
- Work with mentors to ensure that each mentee contacts his or her primary care provider for a medical release to participate in the program, and keep a copy of this form in the program files.
- Conduct a criminal background check on each person who signs up to be a mentor.
- Assist with the coordination of training for mentors provided by project staff at the Center for Development and Disability at the University of New Mexico before the program actually begins.
- Match mentees and mentors and make sure that mentees and mentors who have already matched themselves get registered for the program.

I Can Do It, You Can Do It Tip:

Remember that when participants fill out forms, they are giving personal information about themselves. This information can be of great help in matching mentors and mentees, but it should never be shared with anyone else.

Make sure that mentees and mentors complete the required forms prior to the beginning of the program and after the program is completed. Many of these forms can be downloaded online at http://icandoit-aahd.health.unm.edu/. Other information will be entered on an on-line evaluation system that does not need a paper form. See the “Program Evaluation” section later in this manual.

- Follow up, support, and encourage mentees and mentors continued participation in the program.
- Disseminate nutritional and physical fitness information provided by CDD Project Staff to mentors that they will pass on to the mentee.
- Be available to communicate with mentors to provide information and encouragement. It is important to support volunteers and appreciate their commitment to the program.
- Provide guidance and assistance to mentors including ideas about appropriate activities.
- If the mentee desires, assist the mentee with contacting the Presidents Council on Physical Fitness and Sports at www.presidentschallenge.org to register for the Presidential Active Lifestyle Achievement (PALA) Award.
I Can Do It, You Can Do It Tip:
The Agency Coordinator plays a critical role in the success of the program. It’s a lot of fun and you’ll have the reward of knowing that your work is helping youth with disabilities become more physically active!

Who Makes A Good Mentor?

Mentors are people over 18 who may or may not have a disability and are willing to make a commitment to mentor a young person with disabilities over a six-week period. Mentors work directly with mentees and should be enthusiastic people who enjoy supporting others. A separate manual has been prepared for mentors. This manual is also available on the program’s website at http://icandoit-aahd.health.unm.edu/

Mentors do the following:

- Work individually with each mentee. A mentor may have one or more mentees and establish rapport and a trusting relationship on a one-to-one basis with each. The mentor works with the mentees to create a program of increased physical activity and improved nutritional knowledge and a schedule of weekly meetings to discuss progress and recommend next steps.
- Be familiar with the types of physical activity and nutritional changes appropriate for their mentees. The mentor should help the mentee determine what type of physical activity he or she would like to participate in for the six-week program and be able to discuss with the mentee healthy eating habits and options.
- Support the mentee and help him or her become fit through increased physical activity and improved nutritional practices. The mentor must be flexible and friendly and should be the type of individual who will allow the mentee to make decisions about the I Can Do It, You Can Do It program.
- Be willing to work with their mentees in other ways. This may include communicating by e-mail or telephone, or doing things together over the six-weeks of the program such as visiting a gym, shopping, going out for a bite to eat, or other activities both the mentor and mentee will enjoy.
- Meet with their mentees on a face-to-face basis for at least once a week to review progress and plan the next week’s program. The mentor should initiate contact, because many youth are not likely to initiate contact their own. The mentor should work with the mentee to plan structured activities for mentoring sessions.

I Can Do It, You Can Do It Tip:

Good mentors are “people persons” - they enjoy being around other people and working with others to motivate and encourage them.

Kick Off Events and End of Program Get-Togethers

It is not mandatory that the sponsoring agency hold a kick off event or an end-of event celebration when the mentee(s) complete the program. However, if the sponsoring agency has the interest and resources, one or both of these events adds a nice touch to the program.
The kick-off event is a pre-game party, the whistle-blowing ceremony, a time to say, “Let the fun begin!” It helps build motivation and spirit and lays a foundation for support between the mentor and mentee. The end-of-event celebration marks the end of the program and celebrates the success of mentees and mentors alike. Both the kickoff and celebration events can include a brief motivational speech with promotional materials, refreshments and most of all fun!

One or both of these events are opportunities for both the mentor and mentee to be recognized for their efforts and commitment to staying with the program, and can be an opportunity for mentees to become motivated to continue their efforts.

The Mentor - Mentee Relationship

Mentors and mentees are the key to making this program successful. Mentees work with their mentors to decide their own physical activity goals, work towards these goals and possibly receive a Presidential award for their achievements.

In this process, the mentee and mentor can learn about each other and increase their knowledge about the benefits of physical activity and making healthy food choices. The goal of the mentors is to teach the mentees how physical activity and nutritional awareness lead to many good things, such as better physical health and feeling good about yourself. Mentor/mentee programs work best when goals focus on developing trusting relationships with peers and adults.

Together, the mentee and mentor create a six-week program of physical activity and nutrition and develop a schedule for the mentee and mentor to meet weekly. An important aspect of the I Can Do It, You Can Do It program is that mentees set their own physical activity and nutrition goals (see next section). The mentor assists the mentee in deciding his or her goals and then provides encouragement and support.

The Goal Setting Worksheet

The sample Goal Setting Worksheet on the next page can help mentees choose appropriate physical activity goals. Notes on the worksheet give information on requirements for those mentees who also choose to register for the PALA. The mentor may choose to use the Goal Setting Worksheet as a discussion tool during weekly meetings with his or her mentee. A similar worksheet can be created for nutritional goals as well.
Goal Setting Worksheet

Mentee’s Name: ______________________________________________________

Mentee’s Goal: **In the next six-weeks, my main goal is to:** (check all that apply)

- Lose weight (# of lbs:_______)  Get more strength
- Exercise more often   Get more energy
- Make better eating choices   Achieve the **PALA**
- Be more physically active   Other (describe)

*(PALA) requires participation in physical activity 1 hour per day, 5 days per week for 6 weeks*

1. Which days each week would I like to do my physical activity? (check days) (PALA requires 5 days per week)  Sunday
   Monday   Friday   Tuesday   Saturday
   Wednesday

2. How much time will I spend to work on my goal on the days I selected? (check one) (PALA requires 60 minutes per day for 5 days)
   20 minutes   50 minutes
   30 minutes   60 minutes
   40 minutes   Other:

3. What activities will I do to meet my goal? (check all)

   Bicycling using either legs or an wheeling arm cycle
   Gardening   Golfing   Water Exercise   Dancing
   Swimming   Basketball   Chair Aerobics
   Arm dancing   Bowling   Yoga   Weightlifting with weights or everyday
   Baseball or Softball items such as canned goods, bricks   Walking or Jogging
   Other: (describe)
Parental Involvement

Parental involvement in the program is important. Mentors should try to get parents to participate in a supportive role. Parents may be the key to sustaining the interest of the mentee in completing the program and in continuing a new lifestyle of increased physical activity and good nutritional practice. The Agency Coordinator and the mentor may want to involve the parents about their child’s program and welcome suggestions about ways to improve it. Also, if the parent is willing, the parent may assist the mentor in encouraging the mentee in meeting their daily and weekly objectives and in monitoring the program as needed.

What Kind Of Physical Activities Can Mentees Do?

Everybody involved in the I Can Do It, You Can Do It program can choose the activities they enjoy—whether it is at home, at school, in the community, or alone or with friends and family. Mentees should participate in activities that they enjoy and that make them feel good about themselves. The benefits of physical activity for people with disabilities are well known. Physical activity leads to many good things, including improved physical and emotional health! Studies show that physically active people manage stress better, sleep better, feel better, and do better in school.

Youth with many different types of disabilities take part in the I Can Do It, You Can Do It program. For this reason, there is no one “right” set of physical activities to choose. Here are some tips for choosing a physical activity goal.

When many people think of exercise and physical activity, they think of going to the gym or using exercise equipment. This does not have to be the case! There are many types of exercise that people can do that do not cost any money or can be done with the things that are currently in people’s homes. For example, someone with limited arm strength who wants to do arm curls can use canned goods that are found around the house.

The type and level of physical activity that participants choose depends on several things, including how active they are when they start the program and their types of disabilities. However, there are exercises for everyone! All types of activity will qualify the mentee as meeting the daily physical activity requirements.

Some people will choose an activity they do by themselves. Others will want to choose a group game or activity. Participants should not feel under pressure to start major physical activity or exercise programs, or spend money on health clubs or lots of exercise equipment.

- Bicycling using either legs or an arm cycle.
- Gardening
- Chair Aerobics
- Walking or Jogging
- Wheeling
- Dancing
- Basketball
- Bowling
- Golfing
- Water Exercise
- Swimming
- Arm dancing
- Yoga
- Weightlifting with weights or everyday items such as canned goods, bricks, etc.
- Soccer
- Baseball or Softball Here are some ideas for possible physical activities. Remember that many of these activities can be modified to accommodate many types of disabilities.

<table>
<thead>
<tr>
<th><strong>I Can Do It, You Can Do It Requirement</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mentees must get clearance to participate in the program from their primary care provider, who must provide a signed medical release form to the Agency Coordinator at the sponsoring agency. Mentees should be sure to ask their primary care provider if the physical activities they have chosen are appropriate for them.</strong></td>
</tr>
</tbody>
</table>

The program will help the mentee work towards making and keeping a commitment to staying healthy and active. It is important for the mentee and mentor to set realistic goals for the mentee. It is also important to have the mentee start viewing regular physical activity as an important part of his or her life!

**Resources on Physical Activity for People with Disabilities**

One good resource to find out how to adapt physical activities for people with disabilities is the web site of the National Center for Physical Activity and Disability (NCPAD). The web site has many different types of physical activities for people with disabilities, tips and techniques and links to other organizations. The web site is: [www.ncpad.org](http://www.ncpad.org)

Another good resource for information on how people with a wide range of disabilities can modify physical activities to their needs can be found on the website of the Christopher and Dana Reeve Paralysis Resource Center (PRC). The section of their web site called “Active Living” has many great suggestions. If you want to go to the home page of the PRC, you can go to: [www.paralysis.org](http://www.paralysis.org) If you want to go directly to the section on active living, go to:

[http://www.paralysis.org/ActiveLiving/ActiveLivingMain.cfm](http://www.paralysis.org/ActiveLiving/ActiveLivingMain.cfm)

**Resources on Nutrition**

A significant part of the *I Can Do It, You Can Do It* program is to increase the mentee’s awareness about good nutritional practices and to encourage the mentee to use them. The mentor can teach his mentee the basic elements of good nutrition. One good source is the U.S. Department of Agriculture’s food pyramid, which can be found at [www.MyPyramidforkids.gov](http://www.MyPyramidforkids.gov) for elementary school children and [www.MyPyramid.gov](http://www.MyPyramid.gov) for middle and high school students. The MyPyramid food guidance system provides many options to help Americans make healthy food choices and to be active every day. Also, the Dietary Guidelines for Americans, 2005 [www.health.gov/dietaryguidelines](http://www.health.gov/dietaryguidelines) is a great source of
information that describes a healthy diet as one that:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products
- Includes lean meats, poultry, fish, beans, eggs, and nuts; and
- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugar.

The recommendations for good nutrition should be discussed between mentors and mentees on a regular basis.

**Presidential Active Lifestyle Award (PALA) and the Presidential Champions Award (PCA)**

Mentees can receive the Presidential Active Lifestyle Award (PALA) for the six-week program. After earning the PALA, mentees are encouraged to continue their active lifestyles by earning another PALA or by striving to earn a Presidential Champions Award (PCA).

To receive the PALA awards, mentees must keep an activity log that shows they have exercised 5 days per week, 1 hour per day, for 6 weeks. They need to have their activity log signed by the mentor and the sponsoring Agency Coordinator. Once the mentee receives the appropriate signatures, he must notify the sponsoring agency that he or she is ready to receive the PALA award.

It is the hope of the program that all mentees continue to stay physically active by seeking the Bronze, Silver and Gold medals under the PCA. The sponsoring agency and the mentor will sign up the mentee on the website www.presidentschallenge.org and record (a) the type of activity and (b) the length of time doing the activity. The goal is to earn points, which are based on the amount of energy each activity burns. The first goal is a Bronze award, which requires 20,000 points. Then participants can keep going for a silver medal (requires 45,000 points) and a gold medal (requires 80,000 points). There is no time requirement for earning the points.

**Program Evaluation**

One of the things we are trying to discover is the impact of the *I Can Do It, You Can Do It* program. Does it help youth with disabilities improve their physical health and their nutritional choices? Answers to this and other questions will help us find out what works, what can be improved, and how we can make the program more effective.

The main way to evaluate the program is by asking mentees to complete brief surveys before they start the program and after they have finished. The evaluators then look at their answers before and after and compare them to see if there have been any changes. The surveys the mentees complete at the end of the program also have some questions about the program in order to help improve it in future offerings.

Mentors are also asked to complete an evaluation form at the end of the program. This form asks for their opinions on how the program went and how it can be improved in the future (process
These four forms - the “Mentee Pre-Assessment”, “Mentee Post-Assessment”, “Mentee Three Month Post-Assessment” and "Mentor Post-Assessment" are completed on-line. When the mentee or mentor first visits the web site, they will use their assigned code number to log-in. The assigned code numbers are used to protect the identity of the people completing the forms. No names are used, and the forms do not ask for any information that could identify a specific person. The evaluators will never know the identity of anyone completing the forms.

For More Information

If you have questions about implementing the I Can Do It, You Can Do It program, contact:

Barbara Ibáñez
Center for Development and Disability at the University of New Mexico
2300 Menaul Blvd. NE, Albuquerque, NM 87107
505-272-6271 Email: bibanez@salud.unm.edu
http://icandoit-aahd.health.unm.edu/

Program Forms

On the next page is an brief overview of the forms that participants (both those participating in the program and those in the control group) as well as mentors will complete. Most of the forms are available on the program web site. The forms overview indicates if they are not.

When participants or mentors first visit the web site and click the appropriate link (“participant” or “mentor”), they’ll be asked to create a unique user name and password. They should remember these. If one of your participants forgets his or her user name and/or password, they should contact you. You should then contact the program coordinator listed on the previous page.
### Participants In The I Can Do It Program (“Experimental Group”)

<table>
<thead>
<tr>
<th>Form</th>
<th>When?</th>
<th>Available</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Registration Form</td>
<td>Before participants are assigned to the experimental or control group</td>
<td>On program website</td>
<td>Participants should print a copy and submit to Agency Coordinator</td>
</tr>
<tr>
<td>Medical Release Form</td>
<td>Before participant begins program</td>
<td>On program website</td>
<td>Participants should print blank form, complete and take to their primary health care provider. Agency Coordinators should retain a copy of the form.</td>
</tr>
<tr>
<td>Pre-Test</td>
<td>Before participant begins program</td>
<td>On program website</td>
<td>Responses go directly into research database.</td>
</tr>
<tr>
<td>First Post-Test</td>
<td>Immediately after end of program</td>
<td>On program website</td>
<td>Responses go directly into research database.</td>
</tr>
<tr>
<td>Second Post-Test</td>
<td>Immediately after end of program</td>
<td>On program website</td>
<td>Responses go directly into research database.</td>
</tr>
</tbody>
</table>

### Those Not Participating in Program (“Control Group”)

<table>
<thead>
<tr>
<th>Form</th>
<th>When?</th>
<th>Available</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Registration Form</td>
<td>Before participants are assigned to the experimental or control group</td>
<td>On program website</td>
<td>Participants should print a copy and submit to Agency Coordinator</td>
</tr>
<tr>
<td>Pre-Test</td>
<td>Before participant begins program</td>
<td>On program website</td>
<td>Responses go directly into research database.</td>
</tr>
<tr>
<td>First Post-Test</td>
<td>Immediately after end of program</td>
<td>On program website</td>
<td>Responses go directly into research database.</td>
</tr>
<tr>
<td>Second Post-Test</td>
<td>Immediately after end of program</td>
<td>On program website</td>
<td>Responses go directly into research database.</td>
</tr>
</tbody>
</table>
### Mentors

<table>
<thead>
<tr>
<th>Form</th>
<th>When?</th>
<th>Available</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor Registration Form</td>
<td>Before program begins</td>
<td>On program website</td>
<td>Participants should print a copy and submit to Agency Coordinator; information is also used to match mentors with mentees.</td>
</tr>
<tr>
<td>Mentor Post-Test</td>
<td>Immediately after end of program</td>
<td>On program website</td>
<td>Responses go directly into research database.</td>
</tr>
</tbody>
</table>
Attachment H: Mentor Manual
I CAN DO IT, 
YOU CAN DO IT

Mentor Manual

American Association on Health and Disability

Center for Development and Disability, University of New Mexico

http://icandoit-aahd.health.unm.edu/
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  - What Kind of Activities Can Mentees Do?
  - Presidential Active Lifestyle Award and Presidents Champions Award
  - Program Evaluation

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  - Developing and Maintaining Effective Mentee – Mentor Relationship
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  - The Mentor-Mentee Relationship

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Program Sponsors and Developers:

  U.S. Department of Health and Human Services, Office on Disability
  President’s Council on Physical Fitness and Sports
  National Institutes of Health, National Institute of Child and Human Development
  Division of Nutrition Research Coordination
Introduction
The *I Can Do It, You Can Do It* mentor manual will provide you with information you need to be an effective mentor. As you review this manual, you will learn about the *I Can Do It, You Can Do It* program, roles and responsibilities of a mentor, and strategies to increase physical activity and improve nutritional behavior in the lives of youth with disabilities.

Commitment to continually developing your knowledge and skills for working with youth with disabilities is crucial to being an effective mentor. It will also contribute to the longevity and success of the *I Can Do It, You Can Do It* program and ensure that youth with disabilities attain physical fitness and better nutritional health.

- The next section of this manual, “Overview of the I Can Do It, You Can Do It Program, will help you get acquainted with the program.
- The section “How to be a Good Mentor” provides advice and tips on how to be an effective mentor.
- The section “What do I do as a Mentor?” provides clear, step by step instructions on how to get the program started and what you’ll do as the program progresses.
- The final section, “Tips and Resources for Program Implementation” gives you additional information and resources you can use as you go through the program.

Throughout this manual, you’ll see “Tips for Success”. Many of these tips contain information for mentors who may not have worked with youth with disabilities before.

The forms that are discussed later in this manual that you and your mentee will complete can all be accessed on-line at this address:

http://icandoit-aahd.health.unm.edu/

Finally, each organization that is participating in this program has a designated individual who serves as the Agency Coordinator. He or she can answer any additional questions you may have about the program itself or mentoring, completing the on-line forms and surveys, or other information.
Overview of I Can Do It, You Can Do It Program
**What is the Program?**

*I Can Do It, You Can Do It* is a national program launched in May 2004 by the Office on Disability of the Department of Health and Human Services. The program uses a one-to-one relationship over a six week period between a mentor, who is an adult 18 or older and who may or may not have a disability, and a “mentee” - a youth with a disability between the ages of 12 and 21 - to:

- Increase their knowledge about the value of physical activity and good nutrition;
- Increase their knowledge about physical activities they can do and how to make better nutritional choices; and
- Increase the physical activity and change their eating habits to reflect better nutritional choices.

**Mentors and Mentees**

The program involves a mentee and a mentor.

- Mentees are youth with disabilities, 12 to 21 years of age.
- Mentors are people over 18 who are willing to meet with one or more mentees on a regular basis over a six-week period.
- Mentees and mentors are paired, so each mentee will have his or her own mentor.
- Working with their mentors, mentees choose their own physical activity and nutritional goals and work towards these goals. In addition, participating youth may also receive a Presidential award for their achievements by registering for the Presidential Active Lifestyle Award (PALA). This is a separate process, and mentees who register to receive this award must keep a more detailed log of their activities. See the section on PALA in this manual for more information.
- Mentors meet with their mentees once a week and support the mentee in his or her efforts to meet the mentee’s program goals.

**What Makes *I Can Do It, You Can Do It* Unique?**

The *I Can Do It, You Can Do It* program is:

**Inclusive:** All individuals, regardless of how active they are or what type of disability they may have, can participate in the *I Can Do It, You Can Do It* program. A mentee “wins” by setting his or her personal goals related to physical activity
and nutrition and by achieving these goals. The mentor wins by being a partner and supporting the mentee in his or her efforts.

**Voluntary:** This program is voluntary. It brings together youth with disabilities with mentors over the age of 18, who may or may not have a disability.

**Rewarding:** Everyone can be successful in this program! By setting their individualized, achievable physical activity and nutrition goals, participating youth set themselves up to win. They can also choose to register to receive the Presidential Active Lifestyle Award (PALA). See the section on the PALA later in this manual.

**Free:** There is no cost to join and participate in the program.

**What Kind Of Activities Can Mentees Do?**

Everybody involved in the *I Can Do It, You Can Do It* program can choose the activities they enjoy - whether it is at home, at school, in the community, or alone or with friends and family. Mentees should participate in activities that they enjoy and that make them feel good about themselves. The benefits of physical activity for people with disabilities are well known. Physical activity leads to many good things, including improved physical and emotional health! Studies show that physically active people manage stress better, sleep better, feel better, and do better in school.

Youth with many different types of disabilities take part in the *I Can Do It, You Can Do It* program. For this reason, there is no one “right” set of physical activities to choose. The program will help the mentee work towards making and keeping a commitment to staying healthy and active. Mentors should help their mentees set realistic goals. Later in this manual you’ll find a “Goal Setting Worksheet” that can help you and your mentee set these goals. It is also important to have the mentee start viewing regular physical activity as an important part of his or her life.

**Presidential Active Lifestyle Award (PALA) and the Presidential Champions Award (PCA)**

There are two additional activities that mentees can sign up for as part of this program. The first is the Presidential Active Lifestyle Award (PALA), which they can complete during the six weeks of *I Can Do It, You Can Do It.*
To receive the PALA awards, mentees must keep an activity log that shows they have exercised 5 days per week, 1 hour per day, for 6 weeks. They need to have their activity log signed by the mentor and the sponsoring Agency Coordinator. Once the mentee receives the appropriate signatures, he must notify the sponsoring agency that he or she is ready to receive the PALA award.

The second is a program the mentee can participate in after the program is over, Mentees should be encouraged to continue their active lifestyles by earning a Presidential Champions Award (PCA).

The PCA has three levels - Bronze, Silver and Gold. After signing up for the program, participants record (a) the type of activity and (b) the length of time doing the activity. The goal is to earn points, which are based on the amount of energy each activity burns. The first goal is a Bronze award, which requires 20,000 points. Then participants can keep going for a silver medal (requires 45,000 points) and a gold medal (requires 80,000 points). There is no time requirement for earning the points.

More information on both programs and registration can be found at [www.presidentschallenge.org](http://www.presidentschallenge.org)

**Program Evaluation**

During this program, a team of researchers from the University of New Mexico is studying the impact of the *I Can Do It, You Can Do It* program. Does it help youth with disabilities improve their physical health and their nutritional choices? Answers to this and other questions will help us find out what works, what can be improved, and how the program can be made more effective.

To do this, mentees (as well as a matching group of youth with disabilities who are not going through the program) will complete brief surveys at three points in time:

- Before they start the program;
- Immediately at the end of the program; and
- Three months after the program has ended. This survey will also have some questions about the program that will be used to help improve it.
The evaluators will look at the answers of participants in the program before and after and compare them to see if there have been any changes. Agency Coordinators will assist mentees if necessary to complete the surveys.

As a mentor, you will also be asked to complete an evaluation form at the end of the program. This form asks for their opinions on how the program went and how it can be improved in the future.

These surveys (as well as the mentor registration form which you’ll complete before the program begins) are normally completed on-line by accessing the program web site at

http://icandoit-aahd.health.unm.edu/

When you first visit the web site and click the “mentor” link, you’ll be asked to create a unique user name and password.

Your responses to the survey after the program has ended are anonymous. The evaluators will not know the identity if individuals completing the survey, and no information is asked for that could identify a specific person. This also applies to the mentees enrolled in the program.

**Tip for Success:**

If you or the mentee with whom you’re working have any questions about accessing the on-line forms or creating a user name and password, check with your agency coordinator.

Forms and surveys are also available in alternate formats. Please check with your Agency Coordinator for more information.
Being An Effective Mentor
Developing and Maintaining Effective Mentee - Mentor Relationships

Mentors and mentees are the key to making this program successful. Mentees work with their mentors to decide their own physical activity goals. If desired by the mentee, he or she may work towards receiving a Presidential award for their achievements (See Section on PALA).

Tip for Success:

Listen attentively when you are talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod or shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond. The response will clue you in and guide your understandings.

In this program, the mentee and mentor can learn about each other and increase their knowledge about the benefits of physical activity and making healthy food choices. The goal of the mentor is to teach the mentee how physical activity and nutritional awareness lead to many good things, such as better physical health and feeling good about his or herself.

Together, the mentee and mentor create a six-week program of physical and nutrition activity and develop a schedule for the mentee and mentor to connect weekly. If the parents want to be involved in the program, mentors may suggest ways parents could participate in a supportive role.

An important aspect of the I Can Do It, You Can Do It program is that each mentee sets his or her own physical activity goals. The mentor assists the mentee in this process and then provides encouragement and support. A Goal Setting Worksheet is available in the next section to assist mentees in setting realistic goals. Mentors should also discuss with the mentee the nutritional information found in the last section of the manual.

Who Makes A Good Mentor?

Mentors are people over 18 who may or may not have a disability and are willing to make a commitment to mentor a young person with disabilities over a six-week period. Mentors work directly with mentees and should be enthusiastic people who enjoy supporting others.
Mentors do the following:

- Work individually with each mentee. A mentor may have one or more mentees and establish rapport and a trusting relationship on a one-to-one basis with each. The mentor works with the mentees to create a program of increased physical activity and improved nutritional knowledge and a schedule of weekly meetings to discuss progress and recommend next steps.

- Be familiar with the types of physical activity and nutritional changes appropriate for their mentees. The mentor should help the mentee determine what type of physical activity he or she would like to participate in for the six-week program and be able to discuss with the mentee healthy eating habits and options.

- Support the mentee and help him or her become fit through increased physical activity and improved nutritional practices. The mentor must be flexible and friendly and should be the type of individual who will allow the mentee to make decisions about the *I Can Do It, You Can Do It* program.

- Be willing to work with their mentees in other ways. This may include communicating by e-mail or telephone, or doing things together over the six weeks of the program such as visiting a gym, shopping, going out to eat, or other activities both the mentor and mentee will enjoy.

- Meet with their mentees on a face-to-face basis at least once a week to review progress and plan the next week. The mentor should initiate contact, because many youth are not likely to initiate contact their own. The mentor should work with the mentee to plan structured activities for mentoring sessions.

**Tip for Success:**

Good mentors are “people persons” - they enjoy being around other people and working with others to motivate and encourage them.

**The Mentor - Mentee Relationship**

Mentors and mentees are the key to making this program successful. Mentees work with their mentors to decide their own physical activity goals, work towards these goals and possibly receive a
Presidential award for their achievements.

In this process, the mentee and mentor can learn about each other and increase their knowledge about the benefits of physical activity and making healthy food choices. The goal for you as a mentor is to help your mentee become more aware of how physical activity and nutritional awareness lead to many good things, such as better physical health and feeling good about yourself.

Together, the mentee and mentor create a six-week program of physical activity and nutrition and develop a schedule for the mentee and mentor to meet weekly. An important aspect of the *I Can Do It, You Can Do It* program is that mentees set their own physical activity and nutrition goals (see next section). The mentor assists the mentee in deciding his or her goals and then provides encouragement and support.

**Tip for Success:**

*When meeting a person with a visual impairment, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.*
What Do I Do as a Mentor?
Before the Program Begins

Before the program has begun, you should contact your Agency Coordinator to make sure that you do the following:

1. Complete the mentor registration form, which available on-line;

2. Participate in the Mentor training offered by the program staff.

3. Obtain contact information for your mentee;

4. Initiate contact with your mentee and set up the first meeting with him or her to set goals. At the first meeting you should ask if he or she has completed the pre-test survey. If he or she has not, get in touch with the Agency Coordinator to make sure that the survey is completed before the program actually begins.

At the Start of the Program

As the program begins, you should do the following.

1. Help the mentee set goals and complete the Goal Setting Worksheet at the first meeting.

2. Work with the Agency Coordinator to ensure that the mentee obtains a signed medical release form from his or her primary care provider to participate in goal-related activities identified on the Goal Setting Worksheet.

3. Be familiar with the types of physical activity and nutritional changes appropriate for your mentee. After reviewing the mentee's medical release form, you should provide guidance to the mentee regarding the type of physical activity he or she would like to participate in for the six-week program and be able to discuss with the mentee healthy eating habits and options.

4. Develop with the mentee six-week physical fitness and nutrition plans that takes into account his or her goals and any limitations identified by the mentee's primary care provider prior to engaging in activity.

5. Meet with your mentee on a face-to-face basis weekly to review progress and plan the next week's program. You should always try and initiate contact, because many youth are not likely to initiate contact on their own. You should work with the mentee to plan structured activities for mentoring sessions.

6. If the mentee desires, you should assist him or her with contacting the Presidents Council on Physical Fitness and Sports at www.presidentschallenge.org to register for the Presidential Active Lifestyle Achievement (PALA) Award.

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During the Program

During the program, mentors do the following:

- You should work individually with each mentee. A mentor may have one or more mentees and establish rapport and a trusting relationship on a one-to-one basis with each. The mentor works with the mentees to create a program of increased physical activity and improved nutritional knowledge and a schedule of weekly meetings to discuss progress and recommend next steps.

- You should support the mentee and help him or her become fit through increased physical activity and improved nutritional practices.

- You should work with the mentees in various ways including communicating by e-mail or telephone, or doing things together over the six-weeks of the program such as visiting a gym, shopping, going out to eat, or other activities both you and the mentee will enjoy.

At the End of the Program

At the end of the six week program, you should:

1. Assist the mentee, if needed, to complete the post-test survey on line;

2. Meet with mentee to summarize the effort;

3. Discuss plans for mentee to continue physical activities;

4. If the mentee has decided to go for the PALA, help him or her to complete the necessary paperwork related to the awards by the President’s Council on Physical Fitness and Sports; and

5. Complete the Mentor Post-Assessment, which is available on-line.

Tip for Success:

Contact your Agency Coordinator for any questions that may arise. They are available to support you throughout the six-week program.

The Goal Setting Worksheet

The sample Goal Setting Worksheet on the next page can help mentees choose appropriate physical activity goals. Notes on the worksheet give information on requirements for those mentees who also choose to register for the PALA. The mentor may choose to use the Goal Setting Worksheet as a discussion tool during weekly meetings with his or her mentee. A similar worksheet can be created for nutritional goals as well.
Goal Setting Worksheet

Mentee’s Name: ______________________________________________________

**Mentee’s Goal:**  In the next six-weeks, my main goal is to: *(check all that apply)*

- [] Lose weight (# of lbs:_______)  - [] Get more strength
- [] Exercise more often  - [] Get more energy
- [] Make better eating choices  - [] Achieve the PALA*
- [] Be more physically active  - [] Other (describe)

*(PALA) requires participation in physical activity 1 hour per day, 5 days per week for 6 weeks*

1. **Which days each week would I like to do my physical activity?** *(check days) (PALA requires 5 days per week)*

- [] Sunday
- [] Monday
- [] Tuesday
- [] Wednesday
- [] Thursday
- [] Friday
- [] Saturday

2. **How much time will I spend to work on my goal on the days I select?** *(check one) (PALA requires 60 minutes per day for 5 days)*

- [] 20 minutes
- [] 30 minutes
- [] 40 minutes
- [] 50 minutes
- [] 60 minutes
- [] Other: _____________________

3. **What activities will I do to meet my goal?** *(check all)*

- [] Bicycling using either legs
- [] Golfing
- [] Gardening
- [] Water Exercise
- [] Chair Aerobics
- [] Swimming
- [] Soccer
- [] Arm dancing
- [] Baseball or Softball
- [] Yoga
- [] Walking or Jogging
Here are some tips for choosing a physical activity goal.

- When many people think of exercise and physical activity, they think of going to the gym or using exercise equipment. This does not have to be the case! There are many types of exercise that people can do that do not cost any money or can be done with the things that are currently in people’s homes. For example, someone with limited arm strength who wants to do arm curls can use canned goods that are found around the house.

- The type and level of physical activity that participants choose depends on several things, including how active they are when they start the program and their types of disabilities. However, there are exercises for everyone! All types of activity will qualify the mentee as meeting the daily physical activity requirements.

- Some people will choose an activity they do by themselves. Others will want to choose a group game or activity. Participants should not feel under pressure to start major physical activity or exercise programs, or spend money on health clubs or lots of exercise equipment.

**Tip for Success:**

When speaking with a person in a wheelchair or a person who uses crutches, place yourself at eye level in front of the person to facilitate the conversation.

**Tip for Success:**

Relax. Don’t be embarrassed if you happened to use accepted, common expressions, such as “See you later” or “Did you hear about this,” that seem to relate to the person’s disability.
Tips and Resources for Program Implementation
Parental Involvement

Parental involvement in the program is important. Mentors should try to get parents to participate in a supportive role, if desired by the mentee. Parents may be the key to sustaining the interest of the mentee in completing the program and in continuing a new lifestyle of increased physical activity and good nutritional practice. The Agency Coordinator and the mentor may want to involve the parents about their child’s program and welcome suggestions about ways to improve it.

Kick Off Events and End of Program Get-Togethers

The Agency Coordinator may choose to hold a kick off event or an end-of-event celebration when the mentee(s) complete the program.

The kick-off event is a pre-game party, the whistle-blowing ceremony, a time to say, “Let the fun begin!” It helps build motivation and spirit and lays a foundation for support between the mentor and mentee. The end-of-event celebration marks the end of the program and celebrates the success of mentees and mentors alike. Both the kickoff and celebration events can include a brief motivational speech with promotional materials, refreshments and most of all fun!

One or both of these events are opportunities for both the mentor and mentee to be recognized for their efforts and commitment to staying with the program, and can be an opportunity for mentees to become motivated to continue their efforts.

Resources on Physical Activity for People with Disabilities

One good resource to find out how to adapt physical activities for people with disabilities is the web site of the National Center for Physical Activity and Disability (NCPAD). The web site has many different types of physical activities for people with disabilities, tips and techniques and links to other organizations. The web site is:

www.ncpad.org

Another good resource for information on how people with a wide range of disabilities can modify physical activities to their needs can be found on the website of the Christopher and Dana Reeve Paralysis Resource Center (PRC). The section of their web site called “Active Living” has many great suggestions. The home page of the PRC is

www.paralysis.org
Here are some other sites that contain Information on how to adapt exercise for persons with disabilities.

- American Therapeutic Recreation Association  http://www.atra-tr.org/atra.htm
- Disabled Sports USA  http://www.dsusa.org/
- National Center on Physical Activity and Disability, University of Illinois at Chicago  http://www.ncpad.org/
- Partners for Youth with Disabilities in Boston  http://www.pyd.org/
- American Dietetic Association  http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/index.html

Resources on Nutrition

A significant part of the *I Can Do It, You Can Do It* program is to increase the mentee's awareness about good nutritional practices and to encourage the mentee to use them. The mentor can teach his mentee the basic elements of good nutrition. One good source is the U.S. Department of Agriculture’s food pyramid, which is on the next page and can be downloaded from [www.MyPyramid.gov](http://www.MyPyramid.gov). The MyPyramid food guidance system provides many options to help Americans make healthy food choices and to be active every day.

Also, the Dietary Guidelines for Americans, 2005 [www.health.gov/dietaryguidelines](http://www.health.gov/dietaryguidelines) is a great source of information that describes a healthy diet as one that:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products
- Includes lean meats, poultry, fish, beans, eggs, and nuts; and
- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugar.

The recommendations for good nutrition should be discussed between mentors and mentees on a regular basis.

**Tip for Success:**

*If a person has a service animal, do not pet or feed the animal while the animal is in service.*
Attachment I: PowerPoint Slides for Agency Coordinators
Welcome to the Agency Coordinator Orientation

*I Can Do It! You Can Do It!*
Effectiveness Study

Welcome to the ….
Here’s our agenda for today (next slide)
First, we will start with project staff introductions (next slide)…
Project Staff Introductions

- Barbara Ibáñez, M.A., (Training/TA) CDD
- Barbra Portzline, Ph.D., (Training/TA) CDD
- Wendy Barrington, M.P.H., (Research Staff) CDD

Other Project Staff

- Anthony Cahill, Ph.D., (Project Director) CDD
- Roberta Carlin, M.S., J.D. (Contract Manager) AAHD

CDD – Center for Development and Disability at the University of New Mexico
AAHD – American Association for Health and Disability

(review slide)
The purpose of this orientation is to (Next slide)..
Purpose of Orientation

- Get acquainted with each other
- Receive overview of Study components
- Understand roles and timelines in the Study
- Receive ideas and tips for success
- Answer questions and provide clarification

Now, we want to get acquainted with each of you…

Purpose of the orientation (review slide)
Now, let’s share introductions (next slide)…
Participant Introductions

- Your Name
- Agency / Organization Name
- Title
- Agency Location
- Type of services your agency provides
- Why you are excited about being part of the I Can Do It! You Can Do It! Study

(review slide)

Now, that we are acquainted with everyone, here's a general overview of the Study (next slide)…
This national program was launched in 2004 with the goal is to improve the health of American youth with disabilities, funded by US Department of Health and Human Service, office on disability. The American Association on Health and Disability and the Center for Development and Disability at the University of New Mexico are conducting a research study on the effectiveness of a health promotion intervention for youth with disabilities called *I Can Do It! You Can Do It!* (review rest of slide starting with second bullet)
Study Overview (continued)

- Both groups complete three surveys - before the program starts, immediately after it ends, and a three-month follow-up. All youth receive incentives for completing each survey.
- The I Can Do It! program is a six-week physical fitness mentoring program developed by the Office on Disability in the Department of Health and Human Services.
- There are seven basic components of the Study…

Now, let’s review the seven basic components of the Study (next slide)…
There are seven basic components of the Study. We will provide a brief overview of each with an example. We will provide more details when we discuss the role of the agency coordinator.

1. Training and Technical Assistance
CDD Project Staff will provide you with training and TA throughout each component to support you to success. For example: CDD Project Staff provide tele-training with your selected mentors.

2. Recruitment:
There are two groups of people that need to be recruited: 1) youth with disabilities ages 12 to 22, 2) potential mentors, age 18 or over who have successfully completed a criminal background check NOTE: The number of mentors you need will be based on number designated youth for the Treatment Group

3. Communication:
Effective communication is needed between Project Staff and the Agency Coordinator. As well as, between the Agency Coordinator and the recruited youth (and their parents). For example: Communicate to each registered youth regarding their group designation (i.e. control or treatment) and role in the Study

4. Dissemination
There are times when dissemination of materials is needed. For example: We will mail you copies of recruitment flyers, incentives and pre-developed forms that you will disseminate at various times through the Study.

5. Survey completion
Completion of the surveys are essential to the success of this Study. For example: All youth with disabilities, regardless of group designation, complete three online surveys (Pre-Survey, Post-Survey, 3 month Post-Survey). There may be some youth that require accommodations to complete the survey (i.e. read the questions to them). Also, it is important to make sure that communication is maintained to ensure that the last survey is completed (in June).

6. Program Implementation
The I can do it! Program is implemented during the same month (Feb.) at all the sites nationally. The agency coordinator and mentors receive training from the Project Staff with a program manual on how to implement the program. An example of the program implementation is that during the six weeks, qualified mentors meet weekly with an adolescent with a disability (treatment group only) to provide support and coaching on the value of physical activity and nutrition.

7. Data Analysis
Upon receiving completed surveys from youth, CDD research staff will conduct a comprehensive data analysis and summary of the results of the effectiveness of the I Can Do It! Program. Now, let’s discuss the roles we all play in these seven basic components of the Study (next slide)…
Roles of project staff

Training and TA:
As we mentioned earlier, CDD Project Staff will provide ongoing training and technical assistance to the agency coordinator and mentors at the sponsoring organization throughout the Study. This will include phone consultation, information dissemination, and online training, as needed.

Copies of materials: Examples include: recruitment flyer for youth; flyer for mentors; pre-developed forms (matching forms)

Purchasing and Sending incentives: (there are 4 incentives for the youth; mentor) which will be sent to the agency coordinator to give out to the youth after completion of the surveys.

Process payment: after we receive your signed “agree to participate” form and issue payment form – then we will start the process.

Analyze data and compile a summary. We will send a summary to all participating sponsoring organizations.

Communicate consistently: via email and phone

These tasks will help us reach our outcome of supporting you to success! Next, Barbra Portzline will review the role of the Sponsoring Organization (next slide)…
Roles of Sponsoring organizations:

1. Complete, sign and return 2 forms: 1) agree to participate form; 2) issue payment
2. Receive payment (you can use it however is best needed – for example, costs of background checks)
3. Designate an agency coordinator and oversee their activities
4. Provide logistical support (help AC to do job – online computer access, basic office supplies, maintain a system of ensuring confidential handling of youth and mentor information)

Now, Barbara Ibanez will share information about the role of the agency coordinator (next slide)…
1. **Recruit youth** (goal: 45 or 20 youth with disabilities 12-22 – 6th grade reading and comprehension level) share ideas about how you will recruit. Maintain confidential handling of records.) – The recruitment flyers are in the process of being finalized – it’s your choice: we can either email you the flyer as an attachment and you add in your contact info (AC name, phone, email) or you provide us the contact info and how many copies you want and will be print them and mail them to you.

2. **Recruit potential Mentors** (you will get a pool of interested mentors – use promo flyer, assess interests = wait till – number after the selection process. Mentors can mentor more than one, meet separately.

3. **Track names of youth recruited and assign code numbers** – you will have an organizational code (share what the code is) and then you will use the code tracking form to assign individual code numbers to each youth.

4. **Receive consent packets and ensure youth complete forms** consent and demographic forms

5. **Receive notification from CDD** Research staff on group selection for all youth (i.e. treatment or control group)

6. **Notify youth of group selection**: call, email, fax, mail (and have the treatment group complete matching form)
7. **Finalize mentor selection based on number of youth in treatment group** – Background checks

8. **Ensure mentors participate in CDD training** – dates are already scheduled for Feb. 1, 2 and 8 and make sure they get a program manual and a mentor manual.

9. **Match mentors with youth** (using matching forms)

10. **Monitor survey completion** - it is important for us to get a high response rate on survey completion so that we can measure whether the ICDI program was effective or not. We will let you know if we get a survey back with lots of blank questions so that you can double-check with the youth and make sure they intentionally left them blank or if they need assistance.

11. **Assist youth completing surveys**, if needed (accommodations)

12. **Receive and disseminate incentives** to youth and mentors – there are 4 incentives for the youth (calculator or a stress ball; keychain with flashlight; 35 mm disposable camera; carabineer FM radio with ear buds) NOTE: if the incentive does not work for an individual i.e. they are not able to use the camera as they are blind, we will work with you and find a more appropriate incentive for that individual).

13. **Ensure that the I Can Do It! Program is implemented according to the program manual** – the program manual is in process of revision as we just received approval to revise the survey forms. To ensure that agency coordinators are familiar with what’s involved in the program implementation, we will having another conference call in January with the focus on the program
manual. To assist you with completing these tasks, we have organized them with a timeline. (next slide)...
Timeline:

Review the timeline document sent to you before the call.

Wendy Barrington will now share why evaluate the I Can Do It! You Can Do It! Program (next slide)
Why Evaluate I Can Do It, You Can Do It? ....
...To Gain More Information

- I Can Do It, You Can Do It is a new program. To justify its funding, we must demonstrate that it works!
- Each implementation site will help us learn:
  - What works about the program
  - What can be improved
  - Who benefits most from the program
  - How the program can be adapted to be more beneficial for specific populations

(review slide)

In the evaluation, agency coordinators assist by…(next slide)
In the evaluation, Agency Coordinators assist by…

Providing support and motivation in the completion of online forms
- Be familiar with forms in order to facilitate completion
- Maintain a list of treatment and control participants and their corresponding code names
- Distribute incentives to those participants UNM has determined to have completed the forms

(review slide)

What questions do you regarding the evaluation?

Next, Barbra Portzline will share some tips for success (next slide)
Tips for Success:

Kick off events for I Can Do It! Program
- Notifying local media of your involvement of ICDI program
- Graduation ceremony with certificates
- Celebration of milestones. People’s accomplishments.

What other ideas would anyone like to share?

Barbara I. will share what’s next? (next slide)
What’s Next?

- Receive your organization’s code to use when assigning code numbers for the youth
- Provide CDD Project Staff with Agency Coordinator name, phone number and email address to use on recruitment flyers
- Receive copies of recruitment flyers and recruit youth and potential mentors
- CDD Project Staff will check-in every few weeks, via email and phone, to provide technical assistance, as needed.

(review slide)

Now, what questions do you have? (next slide)…
Questions and Answers

- What can we clarify?
- How do you contact us?
  - Barbara Ibanez – (505) 272-6271 or email: bibanez@salud.unm.edu
  - Barbra Portzline – email: bportzline@comcast.net
  - Wendy Barrington - (505) 272-8702
    wbarrington@salud.unm.edu

Thank you!
Attachment J: PowerPoint Training for Mentors
Welcome to the Mentor Training for the ICDI,YCDI Effectiveness Study
We really appreciate your interest in being a mentor and thank you for investing your time into participating in this training.
We will have introductions in just a moment.
We will be using PowerPoint slides during our conference call.
Your Agency Coordinator was to get you a copy of these slides so that you can take notes and follow-along during the call.
Here’s our agenda for today (next slide)
Agenda

- Project Staff Introductions
- Purpose of Training
- Mentor Introductions
- Study Overview
- Role Clarification
- Program Implementation
- Tips for Success
- Questions and Answers

We will briefly review the first 4 bullets.

We will spend the most amount of time on the 5th bullet, role clarification and specifically the Mentor's role.

We will provide current information about the program implementation

And provide opportunities for you to share and receive tips for success

Before we end the training, we will answer your questions and provide clarification, as needed.

First, we will start with project staff introductions (next slide)
Introduce yourself (agency coordinator) – you will receive more information about my role in the project later in the training.

Here are the project staff names, project functions (in parenthesis) and organization:

As you can see, the two organizations working as project staff are listed at the bottom of the slide. The purpose of this training is to (Next slide).
As you can see by the bullets listed here, the purpose reflects the content from the agenda. By receiving this training today, as well as completing the mentor registration process, you will be qualified as a “trained mentor” for the I Can Do It, You Can Do It Physical fitness and mentoring program for this Study and beyond.

Some sponsoring agencies plan on continuing with the Program implementation after the Study is completed.

You will receive a certificate of training completion from your Agency Coordinator (AC).

Has everyone received a copy of the Mentor Manual? If not, please contact your AC, they can email it to you or get you a copy.

We will be referencing page numbers in the manual through today’s training.

Now let’s have introductions (next slide)
As you introduce yourself, please share your name, sponsoring agency (if you know it) and where you are located
Also, share why you are interested in being a mentor
Who would like to get us started?
Now, that we are acquainted with everyone, here’s a general overview of the Study (next slide)
In your Mentor manual page 6 (top of the page) it explains that this is a national program that was launched in 2004 with the goal is to improve the health of American youth with disabilities, funded by US Department of Health and Human Service, Office on Disability. There are three specific goals that relate to increase the youth’s awareness, knowledge and skills related to physical fitness and nutrition (top of page 6 including 3 bullets only)

As the first bullet states, this study is all about researching whether the I Can Do It, You Can Do It program is effective or not in improving the awareness, knowledge and skills related to physical fitness and nutrition for youth with disabilities.

This is a nation wide study with a minimum total of 200 youth with disabilities. These 200 youth will be selected for 1 of 2 groups (either control or treatment). Each group will be composed of youth with similar demographics (i.e. age, gender, disability type, social/economic status, geographic location, ethnicity, etc.)

The third bullet explains that the youth selected for treatment group will participate in the Program and the control group will not.

The next slide has more information about the Study (next slide)
Study Overview (continued)

- Both groups complete three surveys - before the program starts, immediately after it ends, and a two-month follow-up. All youth receive incentives for completing each survey.
- The *I Can Do It* Program is a six-week physical fitness mentoring and nutrition program developed by the Office on Disability in the Department of Health and Human Services.
- Mentors play an essential role in the implementation of the Program for the treatment group.

All the youth who are participating in the Study, regardless of which of the 2 groups they are in, will need to complete a survey at 3 different points in time listed in the first bullet. NOTE: “three-month” has been changed to “two month”

The survey has questions that relate to the youth’s preferences and experiences with physical activity and nutritional choices within the last few days of completing the survey (i.e. how many sodas did you drink in the last 7 days)

The Program is a 6-week process and mentors have an essential role in program implementation for the treatment group.

Now, we will review the mentor’s role in the Study (next slide)
1. Register online as a mentor (the mentor registration form needs to completed, signed and FAXed back to your AC)
Includes a background check (if you work for a school, service provider or organization that already requires a background check – then, that will work as long as it is within the last 2 years)
Receive a gift for registering – once your AC receives your FAXed registration, they will get you either a water bottle or a balloon fiesta pin
Review mentor manual and PALA info – we will review specific information from the mentor manual as it relates to your role.

Communicate with Agency Coordinator – you have been in contact with your AC and as the bottom of page 4 says, your AC is there to assist you and answer questions. The AC will contact you regarding who you will mentor (it could be more than one)
Receive mentee(s) contact information – on page 6 middle of the page talks about mentors and mentees – matched or paired. ACs will be matching you with mentees based on:
1) Review of both registration forms (type of disability, age, gender, etc.)
2) Situational circumstances (mentor is the mentee's teacher with an established relationship)
3) Geographic considerations (mentor is in the same geographic location)
Receive Program materials – goal setting worksheet, medical release form, nutritional information, we'll talk more about these later

3. Communicate with mentee(s) Also, on the top of page 15 it talks about what to do before the Program begins.
Initiate contact to schedule first meeting, be sure to schedule at least 90 minutes to 2 hours for the initial meeting - Anticipated program implementation is during the week of March 19th – you will probably have the opportunity to talk with the parents when you call to schedule the initial meeting. Be sure to invite the parent to the meeting and gather their input. Encourage them to provide support for their child's goals.
Establish a constructive relationship – you will want to get to know your mentee – pages 10 – 12 talk about being an effective mentor (review highlights).

Let's move to the next slide for more information…(next slide)
Mentor’s Role in the Program
(continued)

4. **Meet with mentee(s)**
   - Discuss and set 6-week goal(s)
   - Describe activities on Medical Release
   - Develop a plan for meeting weekly

5. **Communicate weekly with mentee(s)**
   - Check on progress towards goal(s)
   - Give them program materials

6. **Celebrate accomplishments**
   - Recognize mentee(s) for work on goal(s)

7. **Complete mentor post-survey online**
   - Receive gift from agency coordinator

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4. Meet with mentee(s) at the initial meeting during the first week of program implementation, as scheduled
Your AC may have you assist the mentee to complete the pre-survey online. For example, assistance could mean that you read the questions to the mentee, allow them time to comprehend the question and answer it, then enter their answer online if their disability prevents them from doing so. If necessary, there are hard copies available. The mentee needs to let the AC know when they completed the pre-survey so that they can receive their flashlight. Page 8 – Program Evaluation discusses the surveys.

Discuss and set 6-week goal(s): AC will give you copies of the goal-setting worksheet, page 16, 17, 18 – use the goal-setting worksheet as a discussion guide - talk with the mentee individually about what they would like to do for a goal (physical fitness and nutrition). You can provide ideas for planning how to complete the goals. Pages 14 provides info related to “at the start of the Program” (review).

NOTE: Some mentees may want to go for the PALA award (Presidential Active Lifestyle Award) – page 7, requirement are also listed on the goal setting worksheet. Activity log is required. No time requirement to earn points. Register on PALA website on page 7.

Describe activities on Medical Release – in the box on page 1 of the Medical Release form, write in specific planned physical activities to meet the goals. Develop a plan for how the mentee can obtain their PCPs signature on page 4 of the form. (call doctor/nurse faxes back) physical in last year that may have limitations – review – will that work? If you are not able to do this, then contact your agency coordinator for alternative parameters for being the 2 issues of: 1) no harm to the child 2) liability. Once signed, give to AC for their files.

Develop a plan for meeting weekly: talk with mentee about having a regular day/time to “meet” (meet = over phone, email) weekly and schedule actual dates/times/locations for the 6 weeks; discuss a plan of notifying each other if there is a schedule conflict.

5) Communicate weekly with mentee(s) – Page 15 provides info related to things to do “during the program”
Check on progress towards goal(s): there is the Weekly Check-In Log worksheet (Page 19) for you to use in your weekly meetings with the mentee to chart their progress towards their goals. Assist the mentees in completing this weekly progress report.

Give them program materials: share with your mentees the nutritional information (Page 23), as well as, additional and relevant information that you find on recommended websites – pages 21 and 22 in your manual have resources for physical activities and nutritional information.

6) Celebrate accomplishments – every week any progress made!
Recognize mentee(s) for work on goal(s): verbal encouragement: they will receive a certificate of accomplishment.

Page 15 (middle) talks about what to do “at the end of the program” – the incentive for completing this post-survey is a camera. Encourage them to do the last post-survey (in 2 months) and get a radio.

7) Complete mentor post-survey online – create username and password (if you didn’t to register) on the website (cover of Mentor Manual) and log-in as a mentor to complete the survey about your experience.
Receive gift from agency coordinator – your AC will give you a canvas tote bag as a “thank you”
What questions do you have about your role? Now, we will review what the role of project staff (next slide)

Parental Involvement – page 21 -
Mentors met with mentees individually
Here’s what the Project Staff are responsible for completing

The main outcome is the support you to success

We have talked about the sponsoring agency, here is their role…(next slide)
Who is your sponsoring agencies?

There are 6 sponsoring agencies involved with the Effectiveness Study. These 6 include:
Amputee Coalition of America, based out of Knoxville, TN with nation wide participation;
The Arc of New Mexico located in Anthony, NM (near Las Cruces);
Disabled Sports USA, based out of Rockville, MD with three chapters participating from Virginia, Utah and New Mexico;
Albuquerque Public Schools located in Albuquerque, NM;
University of Montana in Missoula, MT working with Missoula Public Schools;
Shake-A-Leg Miami located in Miami, FL.

The role of the sponsoring agency is to oversee the AC activities and provide logistical support (i.e. computers with Internet access, etc.)
And the role of the agency coordinators ...(next slide)
As we have mentioned throughout the training, the ACs play an important support role to the Study
Here is a listing of activities that the ACs are responsible for
More on next slide (next slide)
An example of total number of youth recruited (45), the researchers selected 20 for the control group and 25 for the treatment group. ACs select mentors to work with the 25 in the treatment group.
ACs may be asking you to assist mentees with survey completion
Regarding program implementation…. (next slide)
Program Implementation

- **Start** – The week of March 19th, 2007
- **End** – The week of April 23rd, 2007

The Agency Coordinator is available to answer questions.

Mentees are required to complete 3 surveys online: pre-survey (before program starts); post-survey (right after program ends); 2 month post-survey (2 months after end)

Program implementation start date is March 19th

Bringing the end date to six-weeks later to April 23rd

As we have already mentioned, the ACs are available to answer questions and here’s a reminder that the mentees need to complete the survey at 3 different points of time. The ACs will give the youth with disabilities an Info Card where they will write in their name, username and password (that they create before they log-in on the ICDI website – the URL is listed on the front cover of the Mentor Manual at the bottom). They must have the username and password each time they complete a survey. Be sure that the AC gets the username and password too.

Which brings us to why evaluate the program (next slide)
Why Evaluate *I Can Do It, You Can Do It*?

- *I Can Do It, You Can Do It* is a new program. To justify its funding, we must demonstrate that it works!
- Each research site will help us learn:
  - What works about the program
  - What can be improved
  - Who benefits most from the program
  - How the program can be adapted to be more beneficial for specific populations

This brings back to why are we doing this Study

The bottom line is that we need to provide information regarding the effectiveness of this Program before it is available for implementation nationally

We need your suggestions and input regarding your experiences with the Program

Now, let's will review tips for success (next slide)
Tips for Success

- Conduct a “Kickoff Event” for the Program.
- Hold a graduation ceremony with certificates at the end of the Program.
- What ideas or tips do you have?

Page 21 in your Mentor Manual goes into more detail about the Kick-off event.
Invite parents and friends to a graduation ceremony at the end of the Program.
What ideas do you have?
Here are ideas and tips that other mentors have shared:

Be real supportive – quality time – one-on-one – youth want to heard!
Educate on what good or bad nutritional choices.
Be a cheerleader!
Give age appropriate positive feedback

What’s next? (next slide)
Once you are registered as a mentor, your AC will contact you with the name and contact information for your mentee(s).

Then, what do you do? (contact the mentee to schedule your initial meeting during the week of March 19th)

Now what questions do you have (next slide)
Questions and Answers

- What can we clarify?
- How do you contact us?
  - Barbara Ibanez – (505) 272-6271 or email: bibanez@salud.unm.edu
  - Barbra Portzline – email: bportzline@comcast.net
  - Wendy Barrington - (505) 272-8702
    wbarrington@salud.unm.edu

Thank you!

What can we clarify? What questions do you have?
Here are some questions and answers asked by other mentors:

How much time should the mentor spend with the mentee each week? Initial – 60 to 90 minutes, weekly –20 to 60 minutes – individualized

Keep an open line of communication with mentee regarding scheduling conflicts – be consistent –

Info Cards will have AC number if mentee has a back up contact number if problems with contacting mentors

Highlight important forms – goal setting worksheet, medical release form, nutritional information, surveys

Have access to Physical Therapist to use as a resource for ideas on activities that are recommended for mentees with severe or multiple physical disabilities.

Thank you again for commitment for being a mentor – we know that you will positively impact the lives of your mentees.
Attachment K: Medical Release Form
I Can Do It, You Can Do It
Consent to Participate and Medical Release Form

Instructions

You should complete pages 1 and 2 of this form. When you have completed the first two pages (including a description of the physical activities you want to do in the program), you should take the form to your primary care provider and have him or her complete the third page of the form - the “Pre-Participation Medical Evaluation. On page four, he or she will indicate whether you can participate in the types of physical activities you have proposed and any limitations on your physical activity during the program. He or she will sign the form. You or your parent or guardian should also sign the form on the last page. If you are under the age of eighteen, your parents must sign. If you are 18 or older, you may sign the form. Take the completed form back to your Agency Coordinator.

Participant’s Name: __________________________________________________________

Date of Birth: _______________________________________________________________

Brief description of physical activities you wish to do during the I Can Do It, You Can Do It” Program:

What medications are you taking? ______________________________________________

Do you have any allergies to medication or foods? _________________________________

Do you have any known Medical problems? _______________________________________

## Pre-Participation Medical History Evaluation

Explain all “YES” answers on reverse side

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Are you under a physician’s care for any reason now?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have you ever been hospitalized?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Have you ever had surgery (i.e. tonsillectomy, arthroscopy, etc.)?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Are you missing any organs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Are you presently taking any medications or pills?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Do you have any allergies (hay fever, hives, eczema, medicines, stinging insects, etc.)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Do you have asthma or do you have trouble breathing or cough during or after activity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Have you ever passed out during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have you ever been dizzy during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have you ever had chest pain during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do you tire more quickly than your friends during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have you ever had high blood pressure?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Have you ever been told that you have a heart murmur?</td>
<td></td>
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<tr>
<td></td>
<td>Have you ever had racing of your heart or skipped beats?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has anyone in your family experienced or died of heart problems before age 50?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Do you have, or have you had in the last six months, skin rashes?</td>
<td></td>
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</tr>
<tr>
<td>7.</td>
<td>Have you had a head injury?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Have you ever been knocked out unconscious?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Have you ever had a memory loss from any cause?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Have you ever had a seizure?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Have you ever had a stinger or burn or pinched nerve in the neck?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Have you ever had heat cramps or muscle cramps?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Have you ever been dizzy or passed out in the heat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Have you had any problems with eyes or vision?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do you wear glasses or contacts or protective eyewear?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Do you wear any dental appliances (braces, false teeth)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Do you have any ear drum tubes or a perforated eardrum?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Have you had any medical problems (i.e. infectious mononucleosis, diabetes, etc)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Have you had any medical problems or injury since your last physical evaluation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Have you ever been told not to participate in physical activity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>When was your last tetanus (Td) shot?</td>
<td>(month) (year)</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>When was your last measles (MMR) immunization?</td>
<td>(month) (year)</td>
<td></td>
</tr>
</tbody>
</table>
Pre-Participation Medical Evaluation
(This is not a substitute for regular visits to your personal physician)

Name _____________________________________________________________ Age______________
Height__________ Weight__________ Blood Pressure __________/___________ Pulse____________

Musculoskeletal Examination
(Screening examination only)
General Posture/Gait __________
Neck & Spine __________
Shoulders __________
Elbow, Wrist, Hand __________
Hips __________
Knees __________
Ankles/Feet __________

Key: Normal __________
Abnormal _____*____
Ligament Laxity (0,1,2,3)

If Abnormal, explain below:
__________________________________________________________
__________________________________________________________
__________________________________________________________

DETAILED EXAMINATION FOR SELECTED AREAS
Complete this section only if there is an abnormality on the musculoskeletal screening exam above, (e.g. if there is an abnormality on the screening exam of the knee only. You do not have to do all the parts of this exam section; you only have to do it when indicated. In this section, range of motion and strength should be evaluated.)

Neck
Flexion/Extension __________
Rotation Left/Right __________
Lateral Flexion Left/Right __________
Axial Compression __________

Shoulder
Flexion/Extension __________
Abduction/Adduction __________
Internal/External Rotation __________
Impingement Signs __________
Instability Testing __________

Knee
Flexion/Extension __________
Quadriceps Tone/Symmetry __________
Patella __________
Patella Tendon __________
Tracking/Subluxation __________
Tibial Tubercle __________
Medial Collateral Ligament __________
Lateral Collateral Ligament __________
Anterior Cruciate Ligament __________
Posterior Cruciate Ligament __________
Menisci __________

Lower Extremity
Flexibility/Biomechanics Right Left
Groin/Hip Flexors __________
Hamstring __________
Quadriceps __________
Calf/Heel Cords __________
Leg Lengths __________

Ankle
Plantar Flexion __________
Dorsiflexion __________
Inversion __________
Eversion __________
Ligaments Stress Tests __________
Anterior Drawer __________
Q Angle     ____  ____     Inversion/Talar Tilt     ____  ____     Foot     ____  ____

Approval to Participate Statement

I have on this date I examined this student and that on the basis of this examination and the person’s medical history as furnished to me, this individual may or may not participate in the I Can Do It, You Can Do It program with the types of physical activities described on page one, or may participate with the limitations noted as indicated below.

_______ Cleared; no limitations

_______ Cleared with the following limitations:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________  

_______ Not cleared

Licensed Health Care Provider Signature       Date of Examination

______________________________  Circle Degree:  MD     DO     PAC     CNP     DC
Printed Name

______________________________    __________________
Address          Phone

Participant or Parent/Guardian sign here:

______________________________    __________________
Participant (Or Parent/Guardian if under 18) Signature     Date

Please return the completed form to your Agency Coordinator.
Attachment L: Sample Letter to Youth
To <Name of Youth>

I would like to personally thank you for agreeing to participate in the Effectiveness Study of the *I Can Do It, You Can Do It* Program. I wanted to give you a “hand” of congratulations for being part of this Study. Inside this envelope is a small “thank you” gift for you. It is *post-it note pad in shape of a hand*. To be part of the Study, you need to complete a survey at 3 different times. Here are the dates and incentives for you when you complete the 3 surveys:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What You Get: (Incentives)</td>
<td>Keychain with Flashlight</td>
<td>Cool 35 mm disposable Camera with 27 exposures</td>
<td>Carabineer FM Radio with Ear buds</td>
</tr>
</tbody>
</table>

By now, you should have completed the *pre-survey* and getting ready to do the *post-survey*. To do a survey (online, see below) or do the enclosed survey and mail back to us. Call your agency coordinator for help with the surveys and to get your incentives:

1) Go to the website: [http://icandoit-aahd.health.unm.edu/](http://icandoit-aahd.health.unm.edu/)
2) Click to log in (enter your username and password)
3) Click on the survey title. Complete all questions you are comfortable answering. All information will be kept strictly confidential.
4) Be sure to click on the “Submit” or “Finish” button

Sincerely,

Roberta Carlin, JD, MS
Attachment M: Instrument
PARTICIPANT
PRE-ASSESSMENT SURVEY

I CAN DO IT!
YOU CAN DO IT!

Instructions:

The following questions will help us understand our program participants better and help us improve our programs. We’re not asking for any names, and all of the information will be kept strictly confidential. You can fill out the forms by yourself or with the help of a parent/guardian or another adult family member (not a mentor or agency representative). Adults who are helping should make every effort to have you give your own answers to questions.

Thank you for your help!

Date: ___________________________ Username: ___________________________ Password: ___________________________
SECTION ONE

GENERAL INFORMATION

1. Are you completing this survey with help from someone else?
   □ Yes  (please answer question 1A)
   □ No   (please go to question 2)

1a. Who is helping you fill out this survey?
   □ Parent or guardian
   □ Family member other than parent or guardian
   □ Agency coordinator
   □ Other (please specify): _____________________

2. Why did you join this program?
   □ I enjoy being physically active
   □ I need to be more physically active
   □ I enjoy eating healthy foods
   □ I need to eat more healthy foods
   □ Other people encouraged me to join
   □ Other (please specify): _____________________

SECTION TWO

YOUR PHYSICAL ACTIVITY

3. How much do you enjoy physical activity?
   □ I love it!
   □ I like it.
   □ It is okay, I neither like nor dislike it.
   □ I dislike it most of the time.
   □ I really dislike it.

4. During the past 7 days, on how many days were you physically active for a total of at least 30 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
   □ 0 days
   □ 1 day
   □ 2 days
   □ 3 days
   □ 4 days
   □ 5 days
   □ 6 days
   □ 7 days
5. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
   - 0 days  
   - 1 day  
   - 2 days  
   - 3 days  
   - 4 days  
   - 5 days  
   - 6 days  
   - 7 days  

6. On an average school day, how many hours do you watch TV?
   - I do not watch TV on an average school day  
   - Less than 1 hour per day  
   - 1 hour per day  
   - 2 hours per day  
   - 3 hours per day  
   - 4 hours per day  
   - 5 or more hours per day  

7. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)
   - I do not play video or computer games or use a computer for something that is not school work  
   - Less than 1 hour per day  
   - 1 hour per day  
   - 2 hours per day  
   - 3 hours per day  
   - 4 hours per day  
   - 5 or more hours per day  

8. Does your school offer physical education (PE) classes?
   - Yes  
   - No  

9. Are you currently enrolled in a physical education (PE) class?
   - Yes  
   - No  

   9A. If Yes for #9: In an average week you are in school, on how many days do you do physical education (PE) classes?
      - 0 days  
      - 1 day  
      - 2 days  
      - 3 days  
      - 4 days  
      - 5 days  

10. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)
    - 0 teams  
    - 1 team  
    - 2 teams  
    - 3 or more teams
SECTION THREE

YOUR EATING HABITS

The next 8 questions ask about food you ate or drank during the past 7 days.

Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

11. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

12. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

13. During the past 7 days, how many times did you eat **green salad**?

- I did not eat green salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

14. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count French fries, fried potatoes, or potato chips.)

- I did not eat potatoes during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day
15. During the past 7 days, how many times did you eat carrots?

- I did not eat carrots during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

16. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)

- I did not eat other vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

17. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

18. During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- I did not drink milk during the past 7 days
- 1 to 3 glasses during the past 7 days
- 4 to 6 glasses during the past 7 days
- 1 glass per day
- 2 glasses per day
- 3 glasses per day
- 4 or more glasses per day

19. Are you happy with your weight?

- Yes
- No

20. Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight
SECTION FOUR
HEALTH CARE YOU’VE RECEIVED

21. In the last 30 days, how many times did you visit a primary health care provider (e.g., your regular doctor’s office or other regular health care provider)?

- 0 times
- 1 to 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 15 times
- 16 to 20 times
- 21 to 25 times
- More than 25 times

21a. If 1 or more times, how many visits were for regular or routine annual check ups?

- 0 times
- 1 to 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 15 times
- 16 to 20 times
- 21 to 25 times
- More than 25 times

21b. If 1 or more times, how many of these visits were for specific problems you were having?

- 0 times
- 1 to 2 times
- 3 to 5 times
- 6 to 10 times
- 11 to 15 times
- 16 to 20 times
- 21 to 25 times
- More than 25 times

SECTION FIVE
YOUR GENERAL HEALTH

22. About how much do you weigh without shoes on?  💦  _________ pounds

23. About how tall are you without shoes on?  💦  _________ feet _______ inches

24. In general, which of the following choices best describes your health?

- Excellent
- Very Good
- Good
- Fair
- Poor
25. **During the** past 30 days, **how often have you** felt active and full of energy?

- ❑ Most of the time
- ❑ About half the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

26. **During the** past 30 days, **how often have you** felt worn out and tired?

- ❑ Most of the time
- ❑ About half the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

---

**SECTION SIX**  
**YOUR ACTIVITY AND INDEPENDENCE**

27. **Can you take care of all of your** basic needs such as washing, dressing, taking medications, and toileting?

- ❑ Yes
- ❑ No

27a. If No, there are 4 types of personal care listed below, please check how much assistance you need:

<table>
<thead>
<tr>
<th>Activity</th>
<th>I am independent</th>
<th>I need partial assistance</th>
<th>I need full assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic bathing/washing needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic dressing needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic toilet needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking medications</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. Please tell us how much each of the following conditions has affected your activity and independence in the last 30 days. If you have not experienced a condition in the last 30 days, please check “None, Rarely, Never”.

**Condition: Injuries due to loss of sensation**

**Description:** People who have a disability that causes them to not feel in their arms or legs (for example, spinal cord injury or Multiple Sclerosis) get injuries because they can't feel pain. Getting burned from a hot pan or from sitting too close to a fire or getting frostbite are examples of injuries due to loss of sensation.

| How Much Does This Condition Limit Your Activity and Independence? |
|---------------------------------------------------------------|---------------------------------------------------------------|
| Rarely or Never Limits Me | Limits me 1-5 hours per week | Limits me 6-10 hours per week | Limits me 11 or more hours per week |
### Contractures
**Description:** A contracture is when you can't fully move a joint like your elbow or hip. This condition is usually painful.

<table>
<thead>
<tr>
<th>How Much Does This Condition Limit Your Activity and Independence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or Never Limits Me</td>
</tr>
</tbody>
</table>

### Arthritis
**Description:** You can get arthritis when a joint is inflammed. Pain and swelling around the joint usually happens with this condition.

<table>
<thead>
<tr>
<th>How Much Does This Condition Limit Your Activity and Independence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or Never Limits Me</td>
</tr>
</tbody>
</table>

### Fatigue
**Description:** Fatigue is a tired feeling after physical or mental activity.

<table>
<thead>
<tr>
<th>How Much Does This Condition Limit Your Activity and Independence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or Never Limits Me</td>
</tr>
</tbody>
</table>

### Eating or Weight Problems
**Description:** Over-eating, under-eating, vomiting food, unwanted weight gain or weight loss are all examples of this condition.

<table>
<thead>
<tr>
<th>How Much Does This Condition Limit Your Activity and Independence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or Never Limits Me</td>
</tr>
<tr>
<td>Condition: Circulatory Problems</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>How Much Does This Condition Limit Your Activity and Independence?</td>
</tr>
<tr>
<td>Rarely or Never Limits Me</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition: Joint and Muscle Pain</th>
<th>Description: People who have a disability that causes them to have trouble moving may get muscle or joint pain.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Much Does This Condition Limit Your Activity and Independence?</td>
<td></td>
</tr>
<tr>
<td>Rarely or Never Limits Me</td>
<td>Limits me 1-5 hours per week</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition: Isolation</th>
<th>Description: Isolation is feeling alone or lonely. Not having regular visits with friends or family may cause this condition.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Much Does This Condition Limit Your Activity and Independence?</td>
<td></td>
</tr>
<tr>
<td>Rarely or Never Limits Me</td>
<td>Limits me 1-5 hours per week</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition: Access Problems</th>
<th>Description: Access problems are when a person has trouble getting to a place or doing an activity. One example is not being able to use a sidewalk if there are no curb cuts. Not having a ride to where you want to go is also an access problem.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Much Does This Condition Limit Your Activity and Independence?</td>
<td></td>
</tr>
<tr>
<td>Rarely or Never Limits Me</td>
<td>Limits me 1-5 hours per week</td>
</tr>
</tbody>
</table>
Condition: Equipment Failures  
**Description:** Equipment failures, such as a broken walker or brace, can make it harder to go places you want to go or do things you want to do.

<table>
<thead>
<tr>
<th>How Much Does This Condition Limit Your Activity and Independence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or Never Limits Me</td>
</tr>
</tbody>
</table>

Condition: Anemia  
**Description:** Anemia is a low level of iron in the blood and often happens with pressure sores. You might feel low in energy or fatigued. A doctor usually tells you if you have this condition.

<table>
<thead>
<tr>
<th>How Much Does This Condition Limit Your Activity and Independence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or Never Limits Me</td>
</tr>
</tbody>
</table>

Condition: Sleep Problems/Disturbances  
**Description:** Difficulty falling asleep or staying asleep, difficulty staying awake during the day, or waking up too early are all sleep disturbances.

<table>
<thead>
<tr>
<th>How Much Does This Condition Limit Your Activity and Independence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or Never Limits Me</td>
</tr>
</tbody>
</table>
SECTION SEVEN
YOUR SOCIAL HEALTH

29. Have you ever had counseling or been treated by a mental health professional?
   - Yes
   - No

30. Which of the following statements most closely matches how you feel?
   - I am a very happy person
   - Mostly I am happy, but there are a few things I wish were different
   - I’m neither happy nor unhappy—most of the time I feel just okay
   - Some things about my life are good, but there is a lot I wish was different
   - Mostly I am unhappy and dissatisfied with my life

31. During the past 30 days, how often have you felt so sad and down in the dumps that nothing could cheer you up?
   - Most of the time
   - About half the time
   - Some of the time
   - A little of the time
   - None of the time

32. How satisfied are you with your friendships and social life?
   - I’m very satisfied
   - I’m somewhat satisfied
   - They are just okay
   - I’m somewhat dissatisfied
   - I’m very dissatisfied

SECTION SEVEN
YOUR LIFESTYLE BEHAVIOR

33. Have you ever smoked cigarettes?
   - Yes  (Please answer questions 31A)
   - No

33a. Do you now smoke cigarettes?
   - Yes
   - No

33b. If yes, how often do you smoke?
   - Every day
   - Most days
   - About every other day
   - About once per week
   - About once per month or less often

33c. If yes, how many cigarettes do you smoke per day on each of the days that you smoke?
Thank You For Completing This Form.

Place Completed Form In Attached Postage Paid Envelope And Mail Right Away.

Remember, All Your Answers Are Confidential!
Attachment O: Agency Coordinator Interview Instrument
Questions for

*I Can Do It, You Can Do It*

Agency Coordinator Group Interviews

Name:______________________
Agency:_________________

Thank you so much for agreeing to be a part of our phone focus group interviews. We want to ask you a few questions about your experiences with the *I Can Do It, You Can Do It* program from start to finish. The information gathered today will provide us with information that will be used to improve the program in the future. Please type in your answers.

1. What types of things did you do to recruit youth with disabilities (e.g., activities, kick off events, flyers, word of mouth)?
   a. To what extend were these things successful.
   b. What additional support would you have liked from Project Staff.
   c. What other suggestions for recruitment would you recommend.

2. What types of things did you do to recruit mentors (e.g., activities, kick off events, flyers, word of mouth)?
   a. To what extend were these things successful.
   b. What additional support would you have liked from Project Staff.
   c. What other suggestions for recruitment would you recommend.

3. Describe your interactions with the Project Staff. (e.g., email, telephone, mailings)
   a. To what extent did you receive the support you needed?
   b. What did the Project Staff do that was particularly helpful?
   c. What additional support would have been helpful?

4. How useful was the program manual?
   a. Which aspects were the most useful (e.g., specific sections, format, easy to understand)?
   b. Least useful?
   c. What needs to be added to the manual?
   d. What should be deleted from the manual?

5. To what extent did the agency coordinator orientation prepare you for your role?
   a. What aspects of the orientation prepared you the most (e.g., content, materials, format)?
   b. What else would have been helpful?

6. Were the program forms easy to use (e.g., medical release, goal setting worksheet, weekly check-in, youth surveys)?
   a. Why or why not?
   b. What improvements do you recommend?
7. To what extent was the **website** user-friendly (e.g., survey completion reports, youth survey web layout)?
   a. What aspects of the site did you find most useful?
   b. How can it be improved?

8. To what extent did the **type of site** (e.g. community-based; school-based) impact the Program (e.g. national based; local based)?
   a. What were the advantages of the type of site for the Program?
   b. What were the disadvantages?

9. What were the **biggest challenges in implementing the Program** (e.g., recruitment, follow-up with mentors, incentive dissemination, communication with mentors and youth, encouraging survey completion)?
   a. What advice would you give others to address these challenges?
   b. What did you learn from these challenges?

10. **Overall**, how would you describe your experience being an agency coordinator? (e.g., what do it like about it, would you do it again)

11. What is the **one essential** thing that we could do to improve this Program in the future (e.g., more technical assistance, more contact with the Project Staff)?
Attachment P: Mentor Interview Instrument
Interview Protocol for

*I Can Do It, You Can Do It*

Mentor Interviews

**Introduction:**
Thank you so much for agreeing to be a part of our phone focus group interviews. We want to ask you a few questions about your experiences with the *I Can Do It, You Can Do It* program from start to finish. The information gathered today will provide us with information that will be used to improve the program in the future.

1. What types of things did you do with your mentees (e.g., activities, provided them with resources, spoke on the phone)?
   a. What resources on nutrition and/or physical fitness did you provide to your mentees? (e.g., resources provided through mentor manual, obtained through other resources)

2. Describe your interactions with your Agency Coordinator.
   a. To what extent did you receive the support you needed?
   b. What did the Agency Coordinator do that was particularly helpful?
   c. What additional support would have been helpful?

3. How useful was the mentor *manual*?
   a. Which aspects were the most useful (e.g., specific sections, format, easy to understand)?
   b. Least useful?
   c. What needs to be added to the manual?
   d. What should be deleted from the manual?

4. To what extent did the mentor *training* prepare you for your role?
   a. What aspects of the training prepared you the most (e.g., content, materials, format)?
   b. What else would have been helpful?

5. Were the program forms easy to use (e.g., goal setting worksheet, weekly check-in, mentor registration form)?
   a. Why or why not?
   b. What improvements do you recommend?

6. To what extent was the website user-friendly?
   a. What aspects of the site did you find most useful?
   b. How can it be improved?

7. What were the biggest challenges in working with your mentee (e.g., didn’t show up for appointments, transportation, disability-related issues, external events that went on during the program)?
8. Did any of your mentees apply for the PALA award? If not, why do you think that was the case (e.g., too stringent a physical activity requirement, not enough information about it)?

9. Overall, how would you describe your experience being a mentor? (e.g., what do you like about it, would you do it again)

10. What is the **one essential** thing that we could do to improve this program in the future? (e.g., more technical assistance, more contact with the Agency Coordinator/Project Staff)