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**SATISFACTION OF PARENTS OF CHILDREN
WITH DISABILITIES WITH INCLUSION IN PHYSICAL
EDUCATION**

Thesis

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Abstract

- Title:** Satisfaction of Parents of Children with disabilities with inclusion in Physical Education
- Objectives:** The aim of this work was to explore satisfaction of parents of children with disabilities with regards to inclusion in physical education in the Czech Republic.
- Methods:** This thesis implored a cross-sectional survey research design. The Parent Perceptions Towards Adapted Physical Education Teachers (PPTAPET) survey (Columna, Cook, Foley, & Bailey, 2014) was used to measure Satisfaction. Twenty seven parents/legal guardians of children with disabilities who attend PE in mainstream schools completed the survey electronically.
- Results:** In this thesis study it was found that although most parents (51.8%) were satisfied with PE teacher qualification, fewer parents reported being satisfied with communication, rapport and the teachers interest in knowing the Childs contraindications. Half of parents (50%) who reported receiving learning support during COVID-19 lockdown remained neutral on the question. Some differences were observed with parental Satisfaction with regards to inclusion in PE, when social demographics such as sex of guardian and if the child went to school in the catchment area were factored in.
- Conclusion:** These results suggest that PE teachers, school managers should account for parent satisfaction when making decision for better inclusive PE classes for children with special education needs. Social demographics could also play a role in how parents perceive inclusive PE. However, additional research is recommended to explore parental expectations and satisfaction with PE
- Keywords:** Parental Satisfaction, Inclusive physical education, Special needs

Abstrakt

- Název:** Spokojenost rodičů dětí se zdravotním postižením se začleněním do tělesné výchovy
- Cíle:** Cílem této práce bylo prozkoumat spokojenost rodičů dětí se zdravotním postižením s ohledem na začlenění do tělesné výchovy v České republice.
- Metody:** V této práci byl použit průřezový výzkumný design. K měření spokojenosti byl použit průzkum Parent Perceptions Towards Adapted Teachers (PPTAPET) (Columna, Cook, Foley, & Bailey, 2014). Dvacet sedm rodičů / zákonných zástupců dětí se zdravotním postižením, které navštěvují tělesnou výchovu v běžných školách, dokončilo průzkum elektronicky.
- Výsledky:** V této studii bylo zjištěno, že ačkoli většina rodičů (51,8 %) byla spokojena s kvalifikací učitele tělesné výchovy, méně rodičů uvedlo, že byli spokojeni s komunikací, vztahem a zájmem učitele znát kontraindikace dítěte. Polovina rodičů (50 %), kteří uvedli, že během distanční výuky při pandemii COVID-19 dostávali podporu při výuce, zůstala v této otázce neutrální. Určité rozdíly byly pozorovány u spokojenosti rodičů s inkluzí v tělesné výchově, když byly zohledněny sociální demografické údaje, jako je pohlaví rodiče a zda dítě chodí do školy ve spádové škole.
- Závěr:** Tyto výsledky naznačují, že učitelé tělesné výchovy a vedoucí pracovníci škol by měli při rozhodování o lepších inkluzivních hodinách tělesné výchovy pro děti se speciálními vzdělávacími potřebami zohlednit spokojenost rodičů. Roli v tom, jak rodiče vnímají inkluzivní tělesnou výchovu, by mohla hrát také sociální demografie. Doporučujeme však další výzkum, který by prozkoumal očekávání rodičů a jejich spokojenost s tělesnou výchovou.

Klíčová slova: Spokojenost rodičů, inkluzivní tělesná výchova, speciální potřeby.

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LIST OF ABBREVIATIONS

APA	Adapted physical activities
APA	Aplikované pohybové aktivity
APE	Adapted physical education
ASD	Autism spectrum disorder
ATV	Aplikovaná tělesná výchova
ČR	Česká republika
EU	European Union
HPE	Health physical education
IEP	Individualized education plan
IPE	Inclusive physical education
ITV	Inkluzivní tělesná výchova
PE	Physical education
SEN	Special education needs
SLD	Specific learning disorder
ZTV	Zdravotní tělesná výchova

1 INTRODUCTION

Over the past years, there has been a gradual increase in inclusive education across the world. This increase has led to researchers and educators trying to find out how inclusive education can be improved and implemented (NilHolm, 2020). This call for improvement has not only been seen in traditional subjects but also in other non-traditional subjects like physical education (PE) (Hogan, 1990). The importance of physical education for pupils with disabilities is well documented. For instance, PE for pupils with disabilities has been shown to improve motor skills, reduce obesity and increase self-independence (Adyrkhaiev and Adyrkhaieva, 2018). Due to this, there has been a focus to equip and train physical education teachers on how to work with pupils with special education needs (SEN).

The need to equip and train PE teachers on how to work with SEN pupils came about through extensive research. Initially, this has been done by trying to understand teacher and student perspectives with regards to inclusion of SEN pupils to PE (McNamara et al., 2020; Tant & Waterlain, 2016; Orlic et al., 2016). However, there has been inadequate research carried out to understand parental attitudes of children with disabilities towards PE teacher. We cannot talk about inclusion without factoring in the parents of the child with disabilities. Parents are an important part of educational progress of their children (Edwards and Alldred, 2000; Sanders and Sheldon, 2009). Parents are the child's first teachers and children with disabilities spend most of their time with their parents. Therefore, it is logical to assume that their perspective towards PE teachers could have an impact on their child participation in PE classes and its outcomes.

Therefore, due to this lack of sufficient research in this area, this thesis aims to explore satisfaction of parents of children with disabilities towards PE teachers in Czech Republic. Obtaining parental perspectives will help PE specialist to provide better PE service for all pupils including those with SEN.

2 THEORETICAL CONCEPTS

The purpose of this section is to give an overview of the Czech context with regards to inclusivity in physical education. Key concepts will be explained. Later this part explores the theoretical underpinnings used in this research. Literature review exploring the 3 themes to be used in the question is examined. These include: Communication, Qualification and Rapport.

2.1 Teaching approaches to pupils with disabilities in the Czech Republic

With better testing methods and early child interventions, children and students with special needs currently are identified early. In 2017, In the Czech Republic, there were over 10000 children with special educational needs (SEN) in kindergarten, while in primary schools this number was 10% higher. By the year 2018, about 25% of children with disabilities attended special schools or attended special classes within mainstream schools. An increase in developmental disorders and Autism Spectrum disorders (ASD) was observed, doubling from the last decade from 4.3% to 8.4%. Czech Republic has seen a reduction of students with SEN attending special schools. The current situation is that most of the children (about 72%) attend regular classes at mainstream schools. The aim to integrate children with SEN has been on the increase (Statistika a my, 2018). This process, over time has led to questions and debates to whether we should focus on integration or inclusion. The Czech Republic has over the years tried to develop educational frameworks that are inclusive other than just integrating (Kudláček et al., 2008).

2.2 History of Integration and inclusion in Czech Republic

During the era of the Czechoslovak Socialist Republic in the 80s there were a high number of special schools albeit divided into schools for actual specific need. For instance schools for the blind where divided based on degree on impairment. However, actual

realization of this concept did not occur until the late 1990s due to political change. The idea of inclusion became more mainstream in the late 90s. With the onset of the 21st century, a shift towards inclusive education was emerging (Lechta, 2010; Lechta, 2016).

2.2.1 Integration and Inclusion

The idea of inclusion first appeared in what is known as the “Salamanca Statement” which resulted from the UNESCO world conference that was held in 1994. The statement says that “... the experience in many countries demonstrates that the integration of children and youth with special educational needs is best achieved within inclusive schools that serve all children within a community... within the context of special educational needs we can achieve the fullest educational progress and social integration” (UNESCO, 1994:18).

Integration, as a concept, is based on the idea that disabled people of all ages and those with special educational needs can be placed in the mainstream education settings with some adaptations and resources. However, a person with these special educational needs is expected to fit in with the pre-existing structures, attitudes and an unaltered environment (Lechta, 2010, 2016).

Slowik (2012) mentions that integration can be divided into three main parts:

1. At the level of education, the field of special education deals with so-called school integration. It refers to an integration of a person from a minority group to a majority group in mainstream primary schools. Currently, this includes education in the form of inclusion in mainstream classes or special classes in mainstream schools.
2. Another important component is work integration, in which the aim is again to link the two groups by creating equal employment opportunities with regard to possible modification (so-called supported employment).
3. Social integration is also one of the non-negotiable integration components. Its indispensability is demonstrated, for example, in the area of housing, where it seeks to maximise possible barrier-free accessibility in any form.

Equally important is the social assistance in order to support independent and autonomous living functioning in everyday life of an individual with a disadvantage (Slowík, 2012).

This term inclusion as aforementioned gained attraction in the 1990s. However, it is most often discussed today in the present, i.e. in the 21st century. In inclusion, the main idea is that people with disabilities can participate in all mainstream activities as able-bodied people. So, in contrast to integration, people are equal in all opportunities and have the same rights as others. In the educational settings, we can see this difference more clearly. In integrated education, the disabled pupil uses special methods and aids, which leads to a segregated approach where the disabled person is seen as a "stranger". Whereas in inclusive education, all pupils, regardless of disability, benefit from or not, use the same special or mainstream methods and aids. This means that in inclusive education, all pupils have individual needs, not just those with disabilities (Lechta, 2010). Inclusive education works on changing educational structures, systems and methodologies so as to meet the needs of all children. It is based on the idea that policies and practices in schools respond to the diversity of the students in that school (Wedell, 2008; Sandri, 2014).

2.2.2 Inclusive education: Context in Czech Republic

The Czech Republic in 2005 introduced a law called "*Zákon č. 561/2004 Sb. Zákon o předškolním, základním, středním, vyšším odborném a jiném vzdělávání, ve znění pozdějších předpisů* (tzv. *školský zákon*)" translated shortly as the "school Act" which sets the principles that must be followed in the education system, which include equal access to education for citizens of the country, other citizens and members of the European Union EU (Vokáč, 2015). This law also provides provisions for specific education needs (SEN) such as for pupils with disabilities (physical, mental auditory etc), with pupils on the autism spectrum disorder, impaired communication skills, specific learning disabilities and social disadvantage (Bartoňová and Ješina, 2013).

Further, in an effort to expand and promote inclusive education; The Ministry of Education, Youth and Sports (2015, p.1), mentions that inclusive education according to the "Action Plan for Inclusive Education 2016-2018" "is perceived at the level of the

system, founders, schools, pupils, parents and the public as high quality education that allows not only equal access to quality education but also fair and adequate support, taking into account pupil's different educational needs, so as to make full use of their learning potential..." The idea of Inclusion in education is one that fosters mutually sustaining relationships between schools and communities.

2.2.3 Inclusive education in schools

The Czech Ministry of education, youth and sports has laid out a standard plan; this is called the Framework Education Plan. This plan outlines the content and framework for each stage of education (MŠMT, 2018). Based on these guidelines, the school principle then writes out a curricular document or a School Educational Plan. This document specifies ways of modifying the lesson plan, syllabi as well as how to make assessment for the pupil. The document also lays a foundation of developing an individualized education plan (IEP) for pupils with specific educational needs which also includes physical education (PE).

2.2.4 School inclusion for pupils with SEN and Individualized education plan

In the Czech Republic, inclusion is regulated by the School Act No.561/2004 Coll. on pre-school, primary, secondary, higher vocational and other education, which was amended by act No. 82/2015. The Act (561/2004 Coll., Section 16) provides for the following terms as specified: special educational needs (SEN), pupils with disabilities (disabilities) - physical, mental, visual and hearing, and pupils with autistic spectrum disorder (ASD), with impaired communication skills, with specific learning disabilities (SLD) and social disadvantage (Bartoňová and Ješina, 2013). This law is followed by Decree No. 27/2016 on the education of pupils with Special Educational Needs and Gifted Pupils, as amended by Amendment No. 270/2017 Coll. and 2nd amendment No. 416/2017 Coll. (Bartoňová and Ješina, 2013).

Another essential pillar of inclusive education is Decree 73/2005 Coll. § on the education of children and pupils with special educational needs (SEN) and pupils

exceptionally gifted, as amended. It specifies their rights to education and training. "Education of pupils with special educational needs shall be implemented with the help of support measures which are different from or are provided over and above individual pedagogical and organisational measures associated with the education of pupils of the same age in schools which are not independently established for pupils with disabilities" (Czech Republic, 2005, §1). One of the possible support measures include the development of physical activities in the framework of regional support and municipalities, as defined by Act No. 230/2016, on the promotion of sport for persons with disabilities (Czech Republic, 2016).

Writing up an individualised education plan (IEP) in the Czech Republic, is supported through the Education Act (561/2004), as well as in Decree No. 73/2005 Coll. This decree gives guidance on that, the school principal in cooperation with a special pedagogical centre or a pedagogical-psychological counselling centre will ensure the creation of an IEP for each pupil with special educational needs by the date of pupils' entry into the mainstream school (Michalík, 2000).

Michalík (2000, 100), mentions that an IEP should always have the following:

- the goal to be achieved;
- means of special pedagogical support;
- a description of special pedagogical methods, procedures and organizational forms used in working with the child;
- specific objectives in each subject;
- rules of communication with the child's parents;
- dates and method of evaluation of results.

It is important to note that since an IEP in physical education is planned to encourage fitness practices and lifestyle changes and to promote the pupil to develop a lifetime commitment to physical activity and healthy living; it is therefore imperative that, only qualified teachers should design such a program. This is because such a teacher during the designing stage is able to draw attention to the differences between the rights of

students with disabilities, their needs, the wishes of parents or teachers, legislative and generally perceived standards in education.

2.2.5 Inclusion in physical education and its forms

In the Czech Republic, the content of PE is defined by the Ministry of Education, Youth and Sports in the Framework Educational Plan and is more described in the learning area of Man and Health (MŠMT ČR, 2018, s. 96–102). Dostálová (2013) expands that the following forms are found in physical education: Health physical education (HPE), Adapted physical education (APE), Integrated physical education (IPE), and Adapted physical activities (APA) or in the Czech language; *Zdravotní tělesná výchova (ZTV)*, *Aplikovaná tělesná výchova (ATV)*, *Integrovaná tělesná výchova (ITV) a Aplikované pohybové aktivity (APA) respectively* (Dostálová, 2013).

Schools, based on the Framework education plan and the regulations contained therein create their own PE content. How this content is implemented in schools is sorely dependent on the needs of the pupils and school conditions (Kudláček et al., 2013). The term “individual integration” is used in the Czech Legislation to mean different types of pupils to common PE lessons, joint education and upbringing of pupils in one class. The educator of inclusive PE has a duty to take the necessary measures so that in order to maintain the rule that all pupils must be able to meet the set objectives of the PE (Kudláček and Ješina, 2008).

2.2.6 Health Physical Education

Health physical education (HPE) is part of the educational field of PE that is determined by the Framework Educational Plan. Initially HPE was called Special Physical education when it came into force in 1948/1949 targeted for people with mainly movement disorders (Vařeková et al., 2021, in print). Health physical education is aimed at pupils and person with disabilities and their health. The activities which are realised under the HPE are meant to act as preventive and therapeutic activities (Hošková and Matoušová, 1998, 2010; Kudláček et al., 2013).

Health physical education is also offered in special schools for pupils, who are physically, intellectually, or sensory disadvantaged. It is considered as an alternative for inclusion of pupils with SEN in PE (Ješina and Kudláček, 2011, Kudláček et al., 2013).

Four forms of health groups are governed by the Health Decree eligibility for TV and sports No. 391/2013 Coll., which replaced Directive No. 3/1981 of the Ministry of Health of the Czech Republic on care and health during physical education and sport that expired in 2013. Decree No. 391/2013 Coll is a decree where diseases, defects are specified and states of individuals for PE (Dostálová, 2013). As shown in the Table 1 below HPE is recommended for pupils in the third group.

Table 1 Health groups according to Kudláček et al. (2013)

Health group	Classification	In charge of the PE process	For whom
I and II	School PE a sport without limitation	PE teacher, trainer	Healthy individuals. I. Highly trained II. Less trained
III	School PE with simplification according to type of problem, HPE according to type of problem	Specialised PE teacher Trainer HPE coach	for people / pupils with disabilities with permanent or temporary restriction physical development or health condition
IV	Medical PE, exemption from school PE	Physiotherapists, occupational therapist in close cooperation with medical doctor	individual or group form; exclusively for the sick and exempted pupils from school PE

The above-mentioned legislative change has led to some difficulties in implementing and teaching of HPE. Decree No. 391/2013 Coll. on medical fitness for PE and sport, is not divided into medical groups anymore. This, therefore, means that there is no long consideration of physical education for different population groups. The focus is now solely on the contraindication based on the physical activity. This change may lead to restrictions of participation in physical education, which is contrary to the idea of using physical activity as a preventative and treatment measure (Ješina, 2017).

The teaching of HPE has been further complicated by the fact that when Decree 27/2016 on the education of pupils with special educational needs and gifted pupils, came

in force since 2016, it includes HPE in the system of support measures as a subject of special pedagogical care. It is expected that only staff with competences in special education, special education teachers or school psychologists can teach going by this new system and a PE teacher trained in HPE is not legislatively qualified to teach this subject. The reality, however, is that, these aforementioned specialists are not equipped to teach HPE. As Vařeková et al. (2021), outlines, this leads to the following outcomes:

- Schools that do not have the conditions do not look for organisationally and financially demanding solutions,
- Teachers do not feel competent enough to educate pupils with special educational needs (SEN),
- Doctors prefer to exclude the pupil rather than to negotiate more difficult specific conditions for his/her inclusion in PE,
- Parents choose excluding the pupil over appealing for the creation of conditions for the child's development and interaction with the school (Vařeková et al., 2021 in print).

2.3 Adapted physical activities

According to the International Federation of Adapted Physical Activity (IFAPA), adapted physical activity is “...a cross-disciplinary body of practical and theoretical knowledge directed toward impairments, activity limitations, and participation restrictions in physical activity...Adapted physical activity includes, but is not limited to, physical education, sport, recreation, dance, creative arts, nutrition, medicine, and rehabilitation...” (Doll-tepper, 1989). In the Czech Republic, the term Adapted physical activity (APA) is used and this term was introduced in 1991 by Prof Hana Válková (Ješina and Kudláček, 2011).

The Czech Association of Adapted Physical Activity Association has defined APA as a kinanthropological multidisciplinary scientific field investigating the modification of conditions and content. APA is implemented in pupils with SEN in the context of physical activity, TV and sport. At the same time, they are reflected in comprehensive rehabilitation. The target group is people with special needs, in the school environment it is

pupils with SEN. The main objective is to make them coexistence with the majority group of pupils (Nováková, 2019).

APA in Czech schools is also aimed at people with special needs, or in schools for SEN. This is implemented in connection with PE and sports with a combination of comprehensive rehabilitation. Supported by the Decree No. 27/2016 Coll. on pupils with special needs, APA is implemented in school PE as follows:

1. Adapted physical education - in special education schools or in classes for students with SEN (integrated schools).
2. Integrated physical education - IPE in an integrated environment, ie. in mainstream schools.
3. Health physical education - in mainstream schools and in schools for pupils with SEN
4. Rehabilitation physical education- at special primary schools (Ješina and Kudláček, 2011, p. 18).

3 THEORETICAL BACKGROUND

In order to help to understand the importance of knowing parental perspectives towards inclusion in physical education; this work used the Bronfenbrenner's (1977) ecological model of human development as the theoretical framework guiding this study.

Bronfenbrenner suggests that there are four levels of social interaction that influence a person's development. These four levels include:

1. The first level is called the Microsystem and is made up of groups that have direct contact with the child and involve personal relationships. These can include family, school or day-care.
2. The second level is called the Mesosystem, this comprises of the interactions that are found in the microsystem. For example, it involves links between home and school, between peer group and family, and between family and community.
3. Exosystem is the third level, these factors relate to the relationships that may exist between two or more settings, one of which may not contain the developing children but might still influence them indirectly.

4. The last level is the Macrosystem, it comprises those cultural components that affect the child and everyone around them.

Bronfenbrenner (1977) asserts that; the relations between factors in the child's biology, the child's immediate family/community environment, and the societal setting fuels and directs the child's development. Changes or conflict in any one layer will have an effect throughout other layer.

Parents are vital advocates for children's life in schools and beyond, and their involvement has been shown to be principally significant for engagement not only at school but also in leisure time activities by children with disabilities (Ytterhus et al., 2008). Columna et al. (2012) adds that:

“Families of children with disabilities may develop expectations concerning their child, their role as a parent, and their interactions with professionals in relationship to the well-being of their children. The assistance of APE teachers is critical for achieving these expectations. In addition to knowing the background regarding their students' disabilities, APE teachers should know the desires and expectations of their students' families, while respecting differing expectations.” (pp. 232)

3.1 Review of literature

Few studies have explored parental perceptions specifically focusing on PE and PE teachers for children with disabilities. This part of the thesis looks at some of the few studies that have been done on this topic. Based on reoccurring themes from previous studies; literature on the following themes is explored. Key words such as satisfaction, physical education, disabilities, parents and children were used to search in English and Czech language. This thesis used googlescholar, eResources, Charles University electronic database, EBSCO, and Web of science to search using the mentioned key words.

3.1.1 Communication with parents

It has been shown that, a positive partnership approach between parents and teachers results in the child's work habits, attitudes and grades to improve. However to bring this about, PE teachers should have communication skills that can make this bridge. These communication strategies must be certain and constantly reviewed from the inception of the IEP for the pupil. This is because parents who receive better communication are more likely to be satisfied with the school and its programs (Law, Hanna, King et al., 2003).

Chaapel et al. (2012) carried out a study to characterize the expectations of parents of children with disabilities regarding adapted physical education services. Using one-on-one semi structured interviews, they found out that: parents wanted more ways to communicate. Some parents also highlighted the need for frequent communication as opposed to the communication every 6 weeks. Downing and Rebollo (1999) in their study of Parents' Perceptions of the Factors Essential for Integrated Physical Education Programs, seventy-five parents completed a 21-item survey to determine factors essential for integrated physical education programs. Some of their findings report of parents wanting more communication from PE teachers than they had been obtaining.

Dabkowski (2004) also asserts how communication issues can become an obstacle to having successful special education programs when the parents feel that they are not being heard. Parents who have felt this way have been reported in studies to feeling that they had to struggle to obtain appropriate support services or placement for their children (Lindsay and Dockrell, 2004).

Furthermore, difficulties in communication might be due to teachers not having enough time and being overwhelmed with busy schedules. Another reason is that pupils with SEN need more time of the teacher to prepare for appropriate inclusive activities. This in turn takes up most of the time to make time for the parents (Hodg et al., 2004).

3.1.2 Qualification of PE/APE teacher and knowledge

Having highly qualified and knowledgeable PE teachers who work with children with disabilities cannot be overemphasized. A qualified teacher is very likely to carry out PE successfully and ensure that goals are met. In the Czech Republic, a PE teacher for pupils with SEN is one who meets the relevant requirements according to the wording of Act No. 563/2004 Coll. These can be summarized as follows include:

A teacher is qualified only if:

- He/she graduated in physical education in the master's degree.
- He/she studied a two-subject combination of PE teaching and special education at masters
- He/she graduated with a master's degree in adapted physical education.
- He/she graduated in the field of adapted physical activity in the master's study stage (only for PE).

Some studies have shown that, the more qualified a PE teacher for SEN is, the more likely the parents will trust them to instruct their children (Stoner & Angell, 2016). In a study by Columna et al. (2008), Parental Expectations of Adapted Physical Educators: A Hispanic Perspective, researchers sought to identify the perspectives of Hispanic parents of children with disabilities regarding adapted physical education (APE) professionals in relationship to their child's purposeful play and transition to school programming. Using one-on-one interviews in their preferred language (Spanish or English), they found that most Hispanic parents wanted teachers with the necessary skills and training to be able to work with their children.

A study by Lee et al. (2017) explored the satisfaction of parents of children with autism spectrum disorder (ASD) toward physical education/adapted physical education (PE/APE) teachers. using the Parent Perceptions Toward Adapted Physical Education Teachers (PPTAPET) survey (Columna, Cook, Foley, and Bailey, 2013) with a sample of 41 parents, they found that when they factored in teacher qualification and having the child in fully inclusive PE, most parents were less satisfied with the teacher qualifications.

Further, a person who is supposed to teach PE to pupils with SEN must be educated on the different types of disabilities the teaching strategies involved, the adaptations, and must definitely be up to date on the current laws for students with disabilities to safeguard the needs and anticipations of students with disabilities and their families (Starr et al., 2006; Lytle et al., 2010).

3.1.3 Problems of safety and risk in physical education

Physical education with pupils with SEN presents itself with unique issues that require a qualified PE teacher to deal with. Each pupil with SEN tends to have specific contraindicated activities that the PE teacher must know and take into consideration when developing PE activity. One key barrier to children participating in physical education can be due to safety concerns. A study by Shields and Synnot (2016) which explored factors perceived as barriers and facilitators to participation in physical activity by children with disability found that one of the major concerns was that: parents had concern for the child's safety, the also found that parents were more willing to let their child participate in physical activity if the instructor was able to modify activities. Suitability of activities with regards to the child's ability and health was stressed by the parents. Other studies (Alesi and Pepi, 2017; Njelesani et al., 2015) have shown that parents reported the need for PE and qualified professionals who are able to run PE programs and that their child's needs, desires and safety would be considered.

3.1.4 Collaboration with Parents

Collaboration or rapport with parents is an important aspect when it comes to working with pupils who have special needs. This is because most parents have expectations or might not have the knowledge of how PE for SEN works. This collaboration creates an enabling environment where these expectations are dealt with appropriately while giving the parents a chance to be highly involved in their child's PE activities. Collaboration or rapport in this thesis is to be understood as the relationship

between the parents and the teacher. The way in which parents of children with a disability and a professional relate with each other (Murray, 2000).

Most PE teachers are mostly trained to deal with pupils with SEN. However, they have less experience when it comes to deal with the parents. A PE teacher should however, be aware that a parent has legal right to be involved in all aspects that involve the child's education. Research has shown that inclusion of parents in the child's interventions leads to successful outcomes for children with disabilities (Stoner and Angell, 2016).

Children with SEN have parents as their first teachers. Therefore, parents are already aware of their child's habits, abilities and skills. Incorporating parents brings in information that the teacher might not had.

Sayers et al. (2002) in their study of Parents' Perceptions of Motor Interventions for Infants and Toddlers with Down syndrome analysed parents' perceptions of their participation in a university-directed, parent-implemented, home-based paediatric strength intervention program. Twenty two parents were given home based exercise that the child was to carry out routinely at home. After evaluating the effectiveness of a program conducted over a 4-year period, they found that the parents were happy that the teachers had encouraged them over the time and kept them informed. This led to the parents feeling empowered by seeing progress made their children realizing that they contributed to this improvement.

In her review of studies of parent involvement, Henderson emphasizes:

„...the studies show clearly that parent involvement--whether based at home or at school and whether begun before or after a child starts school--has significant, long lasting effects. In fact, these effects vary directly with the duration and intensity of the parent involvement: the more, the better. It is extremely important to remember that the converse is also true: if schools treat parents as unimportant, if they treat them as negative educational influences on their children, or if they discourage parents from becoming involved, then they promote the development of attitudes that inhibit achievement at school“ (Henderson, 1988, p.151).

In another study by Salembier and Furney (1997) that explored parents perceptions of their involvement and level of satisfaction with their children's IEP meetings found out that

30% of the respondents were not satisfied with the process and mentioned poor relationships with the instructors and had not been given information on the planning process. They also mentioned that they did not have an opportunity in the decision making. However, this is contrary to a study by An and Goodwin (2007) who found that there was a strong partnership between the homes and the schools of the participants in their study that looked at physical education for students with Spina Bifida: Mothers perspectives. This partnership is even more important considering the onset of COVID as most schools closed and lessons had to be online. The following is explored below.

3.1.5 Collaboration during COVID Lockdown and distance classes

During the pandemic, most classes had to move to online classes and this included physical education classes. This itself presented challenges for all participants involved, ie. teachers, pupils and parents. A study of 4859 participants, of which the majority were teachers (86%) found that, they had taught online for the first time and it was reported that most teachers had difficulties gaining access to computers, internet connections and software for conducting lessons (School Education gateway, 2020). A recent study by Ng et al. (2021) that examined preparedness to deliver remote adapted physical education found that there is a need to provide technological content knowledge among special education physical education teachers and implementation of training would need to be adaptive and consider level of teaching experience of attendees.

These changes created another form of challenge for SEN due to the sudden changes in routine. Some pupils had increased anxiety, acute stress disorder, behavioural and psychological problems which in turn created more problems for teachers (Lee, 2020). Douat (2020) adds that, without proper remote teaching delivery, pupils with SEN would experience distance learning as being 'left on a side-line' It is therefore important that during this situation the collaboration between parents and PE teachers is established to enable the pupils to continue participation in physical activity.

A report by Toseeb et al. (2020) found that there were considerable differences among parents of children with SENs in how supported they have felt during COVID-19. Another study by Huang et al. (2021) that looked at the Impact of the COVID-19 Pandemic on Children with ASD and Their Families: An Online Survey in China; found that despite parents receiving support during covid, the intensity of these exercises were

lighter compared to pre-COVID. Another study by Bentzen et al. (2021) after carrying out an online self-reported questionnaire found that most of the participants indicated decreased PA and about half decreased health status during the COVID-19 pandemic

Castro-Kemp et al. (2021), in their study looking at views of parents of children with disabilities in England during the COVID-19 Pandemic found that, most parents reported the health impact of school closures on children with disabilities and their families was significant. The study also shows that, parental views were dependant on social demographics. Parents from poorer social demographics reported more negative impact of the closure compared from parents from richer backgrounds.

4 METHODOLOGY

From the presented studies in the preceding chapter, it can be seen that most parents do want more involvement, collaboration and communication from the educators. Our interest was to find out the prevailing situation in the Czech Republic through the laid down methods below.

4.1 Aim and work tasks

4.1.1 Main aim

The aim of this research through using the (PPTAPET) survey was to explore satisfaction of parents with children with disabilities with inclusion in physical education in the Czech Republic.

4.1.2 Work tasks

The primary task was to find out how many parents of children with disabilities are satisfied with inclusion in physical education. We also sought to find out if there would be any differences in how parents are satisfied based on demographic variables such as sex of guardian and going to school within the catchment.

4.2 Research questions

The research questions in this thesis were guided by the conceptual framework that has been elaborated in the preceding chapter. Parental perceptions on satisfaction were mainly evaluated using 3 variables: communication, qualification and rapport. Due to the ongoing phenomenon of the COVID situation, we decided to find out how parents were satisfied with support being given, if any.

Therefore, from the foregoing, the following questions were formulated:

1. Are most parents satisfied with communication with the PE teacher?
2. Are most parents satisfied with the PE teacher's qualifications?
3. Are most parents satisfied with the rapport between them and the PE teacher?
4. Are most parents satisfied with the teacher's interest in knowing the child's health contraindications?
5. Were most parents satisfied with the PE teacher support for online classes during the COVID lockdown?
6. Are there any differences in satisfaction according to following variables?
 - Gender of guardian
 - Going to school within the catchment area
 - Type of diagnosis

4.3 Methods and procedure

4.3.1 Research design

In this study, a cross-sectional survey research design was used. The justification for using this method in this research was due to the fact that this area of study is relatively new or has not been yet explored in the Czech Republic. The interest of this research was only to capture a general picture of the prevailing perceptions and based on the results enable for more comprehensive research in the future. This method also allowed data collection to be less financially demanding yet manageable. We are aware of the limitations of using cross-sectional survey designs such as; population bias and low response rate that can lead to a non-representative sample which make generalising results difficult (Setia, 2016).

4.3.2 Participants

This research focused on parental perceptions. To this end, this work defined a parent as prescribed by the Czech law "Zákon č. 94/1963 Sb. Zákon o rodině" which outlines who is defined as a parent. Therefore a parent in this study was any person who

has legal custodianship over a child as defined in the aforementioned Law. A total of 27 parents participated in the study.

Sampling criteria

In this research convenient sampling was used. The justification to use this method was due to the fact that, this research was primarily trying to establish the obtaining situation in this area and the lack of existing data makes it difficult to use a probability sampling method. Due to the COVID-19 situation; modifications on how data was to be collected was adjusted to meet the prevailing health guidelines. Therefore, an electronic based questionnaire was solely used. In order to obtain respondents for this study, the following means were used to trace parents who have children with disabilities.

- Through the project called “OP VVV - Pohyb pro inkluzi”
- Through parental Facebook groups for parents of children with SEN
- Through the centre of applied physical active known as “Centrum aplikovaných pohybových aktivit” based in Olomouc
- Through schools that are known to offer adapted physical activity

Through these mentioned means, it was hoped that a snowballing effect would be achieved, and a large number of parents will be contacted for the research. This research intended to reach at least 25 parents. The justification for such a number was to account for a possible low response rate and still remain with a reasonable high response rate.

Inclusion criteria

- Parents whose child with a confirmed disability attends PE

Exclusion criteria

- Parents whose child with a disability does not attend PE
- Parents whose child has formally being excused from attending PE

- Parents whose child goes to schools where PE is not offered
- Parents of children without any confirmed disability

4.4 Instrument for data Collection

This study adapted and translated (to Czech language) The Parent Perceptions Toward Adapted Physical Education Teachers (PPTAPET) survey (Columna et al., 2014). Experts were used to translate this questionnaire using the back translation method. The purpose of the PPTAPET is to assess parents' perceptions about physical education (PE)/Adapted physical education (APE) teachers working with children with ASD, in the areas of (a) teacher qualification, (b) parent and teacher rapport, and (c) communication skills. The PPTAPET is a valid and reliable scale, each subscale on possesses high alpha values of 0.89 (communication), 0.89 (qualification), and 0.92 (rapport) and calculated split-half reliability of the scale of $r = 0.90$ determined by the Spearman Brown Prophecy formula (Columna et al., 2014). The survey uses 12 items related to communication with the parents (four items), teacher knowledge (four items), and parent–teacher rapport (four items) (see Appendix B). Based on the following data and the fact there is no Czech standardised questionnaire that explores this topic, this particular questionnaire was chosen to be used as data collection tool.

The scale was slightly modified to fit the Czech context. The terms Adapted Physical Education and General Physical Education were changed to Physical Education as this term is better understood. Adapted Physical Education teacher was also changed to Physical Education Teacher. As mentioned above, the reason was to use terms that are widely used in the Czech schools. Due to the fact this study is not only limited to ASD, this item was changed to a child with special needs as to incorporate other children with other disabilities. All other factors are identical to the origin PPTAPET.

In addition to the PPTAPET survey, parents had to answer demographic questions. Child information included age, gender, if the child goes to school within the area of catchment, and type of disability the child had been diagnosed with. The survey also asked parents if their child was receiving online PE classes during the COVID lockdown and if

they were satisfied with the support. Parents also had to rate how they thought about PE teachers and if they take into consideration the child health contraindications. The Czech translation of PPTAPET and demographic questions are attached in the Appendix.

4.5 Data collection procedure

Initially, we had hoped to physically contact parents with children with disabilities through school based representative sample. However, all schools were closed and operated online due to the COVID lockdown. Thus, we opted for an online based questionnaire using Google docs. Facebook groups of parents with disabilities were contacted. We also contacted parents who had participated in previous studies of Charles University. To increase our response rate, we also asked for help from the Centre of physical activity in Olomouc to distribute the survey link to parents in their registry. Therefore, all data was filled in electronically. The parents were not obligated to fill in the survey and they were informed that none of their personal details would be taken (all data were anonymous). The Ethics Committee of the Faculty of Physical Education and Sports, Charles University approved the study (see Appendix A).

4.6 Data analysis

IBM SPSS statistics version 22 was used as means for the analyses. In this study, data were investigated using descriptive statistics. First, we tested results for α coefficients for each of the three subscales (communication skills teacher qualification, and parent and teacher rapport) and it was found that the survey had high internal validity of .87, .87 and .94. A high internal reliability was also found using Guttman Split-half reliability coefficient with a score of .91 (Table 2). The split-half method is another approach to estimate the reliability of a test score. In this method, the test is randomly split into two halves, and the sum scores of the two halves are compared as if they were two separate administrations of the same test score. The correlation between the sum scores of the two halves is an estimate of the reliability of the half test. This estimate must then be corrected for the fact that the tests were half tests rather than full tests (Revelle et al., 2009)

Secondly, the parent's demographic data were analysed using descriptive statistics. Later, using percentages and frequencies we analysed all the 5 research questions in this study which included each section of the PPTAPET.

Table 2 Internal validity and Internal reliability of PPTAPET Items

Internal validity						Internal reliability	
α coefficients for teacher communication		α coefficients for qualification		α coefficients for rapport between parents and teachers		Internal reliability of all 12 items	
Cronbach's Alpha	0.873	Cronbach's Alpha	0.866	Cronbach's Alpha	0.935	Guttman Split-Half Coefficient	0.907

The table above shows α coefficients for the PPTAPET subscales and internal reliability of all 12 items of the survey

5 RESULTS

This section of the thesis presents the results obtained from the questionnaire. The first part of this section presents demographic information about the respondents such as gender, place of residency and type of diagnosis. The second part of this section shows results based on the research questions focused on measuring satisfaction. The last part of the section looks at the interaction between social demographic data and satisfaction.

5.1 Demographic data

Figure 1 *Gender of Guardian*

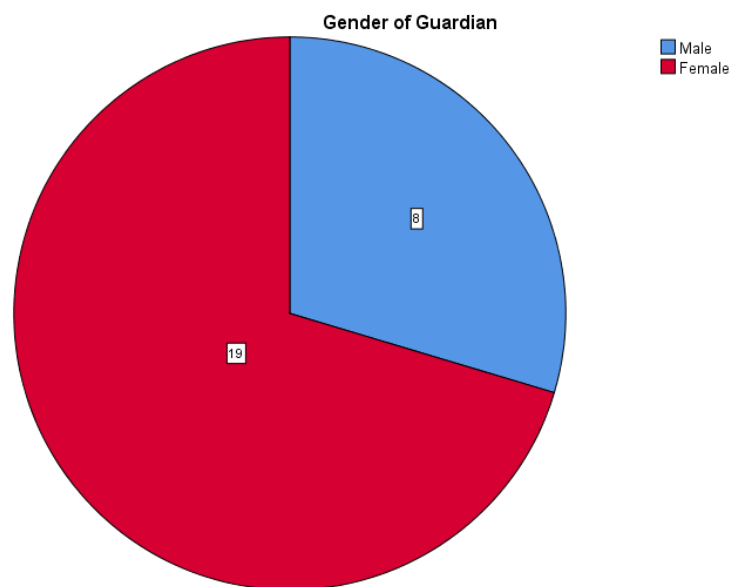
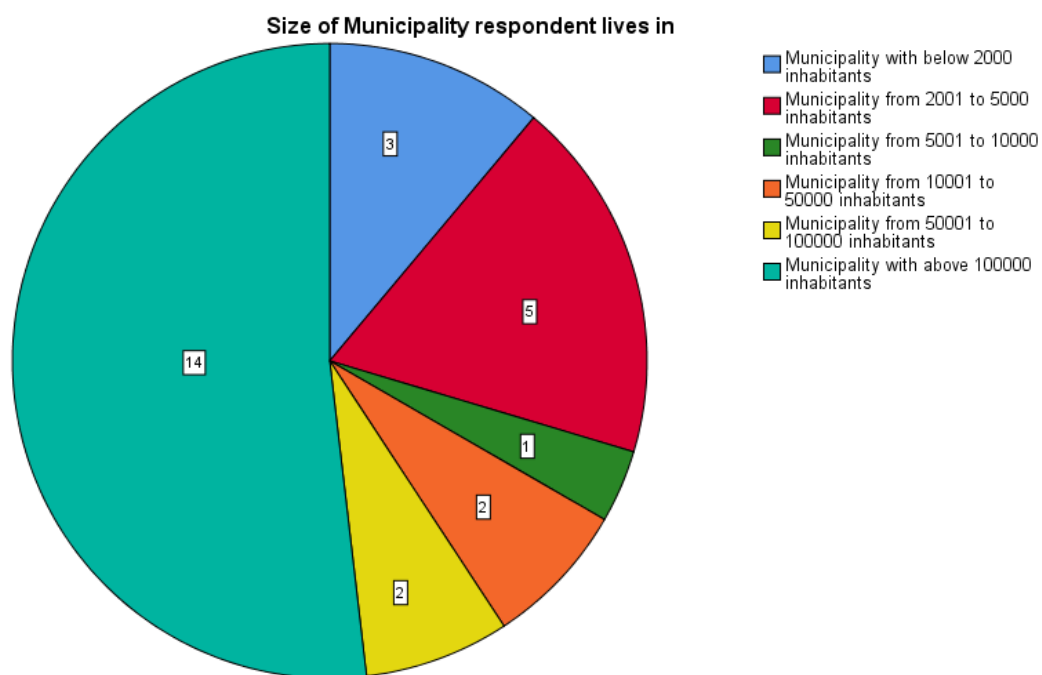


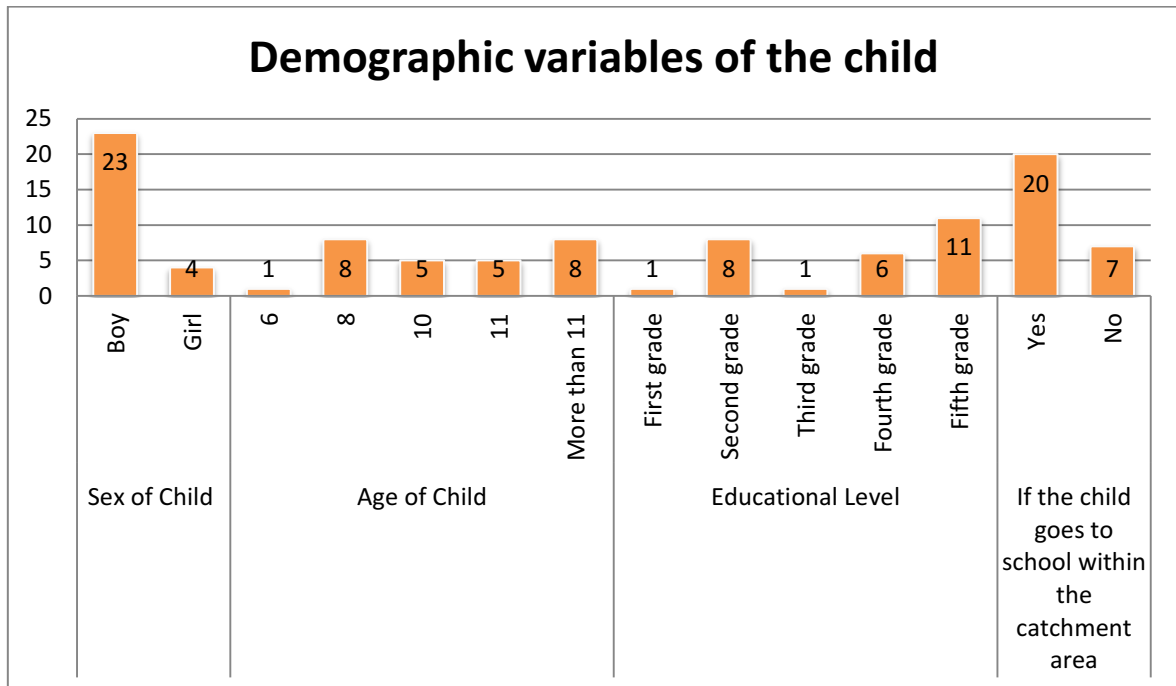
Figure 1 above shows the gender of the respondents. It can be seen that a number of 27 parents answered the question. Most of the respondents were female $n=19$ and 8 male respondents.

Figure 2 Size of Municipality the respondent lives in



The result in Figure 2 shows size of Municipality the respondent lives. It is shown that, most respondents (n=14, representing about 52%) live in a municipality with over 100 000 inhabitants (ie. bigger cities, e.g. Praha, Brno, Ostrava, Plzeň, Liberec, Olomouc).

Figure 3 Demographic variables of the child



The results in Figure 3 show the summary of the respondent’s child demographics. The results show that most (n=23) of the respondents had male children. Most of the children were reported to be 8 years old (n=8) or more than 11 years old (n=8) respectively. The least age reported was 6 years with only 1 child reported. The results also show that most of the children were in 5th grade, 2nd grade and 4th grade (n=11, n=8 and n=4 respectively). The least attended grades reported were 1st and 3rd with only 1 student reported. The majority of children (n=20), representing 74.1% attend school within their catchment area while 25.9% (n=7) attend school outside the catchment area.

Table 3 Type of diagnoses

Types of diagnoses			
		Responses	
		N	Percent
Child's diagnosis ^a	ADD ^x	5	7.8%
	ADHD ^x	7	10.9%
	Dyslexia	4	6.3%
	Dysgraphia	3	4.7%
	Dysortography	2	3.1%
	Dyscalculia	1	1.6%
	Dyslalia	2	3.1%
	Dysphasia	2	3.1%
	Aphasia	1	1.6%
	Dyspraxia	3	4.7%
	Beh.Disorder	1	1.6%
	ASD ^x	16	25.0%
	Eyesight	4	6.3%
	Hearing	4	6.3%
	Intellect	2	3.1%
	Physical	3	4.7%
	Obesity	1	1.6%
	Epilepsy	2	3.1%
other	1	1.6%	
Total		64	100.0%

^xASD –Autism spectrum disorder, ADD - Attention deficit disorder, ADHD - Attention deficit and hyperactivity disorder.

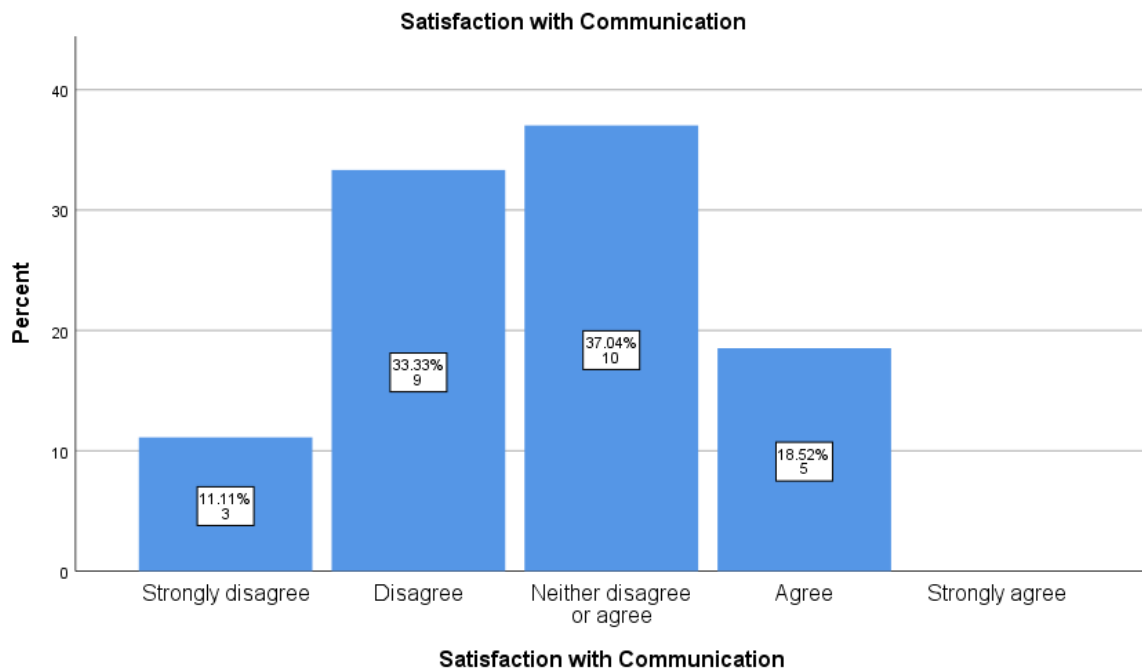
Parents were asked to note their child type of diagnosis/diagnoses in this multi response questions. Table 3 shows the responses obtained and indicate that the most prevalent disorder was ASD with 16 responses, followed by ADHD and ADD with 7 and 5 responses respectively. It is important to note that some parents indicated their children having comorbidity.

5.2 Results for research questions

In this section results based on the 4 research questions are presented. The mode was used as a measure of central tendency. The results are based on a 5-point Likert scale from strongly agree to strongly disagree. To make the results easier for the reader to understand, positive responses (strongly agree and agree = agree) were reported as one. The same was done for negative responses (strongly disagree and disagree = disagree).

Question 1. Are most parents satisfied with communication with the PE teacher?

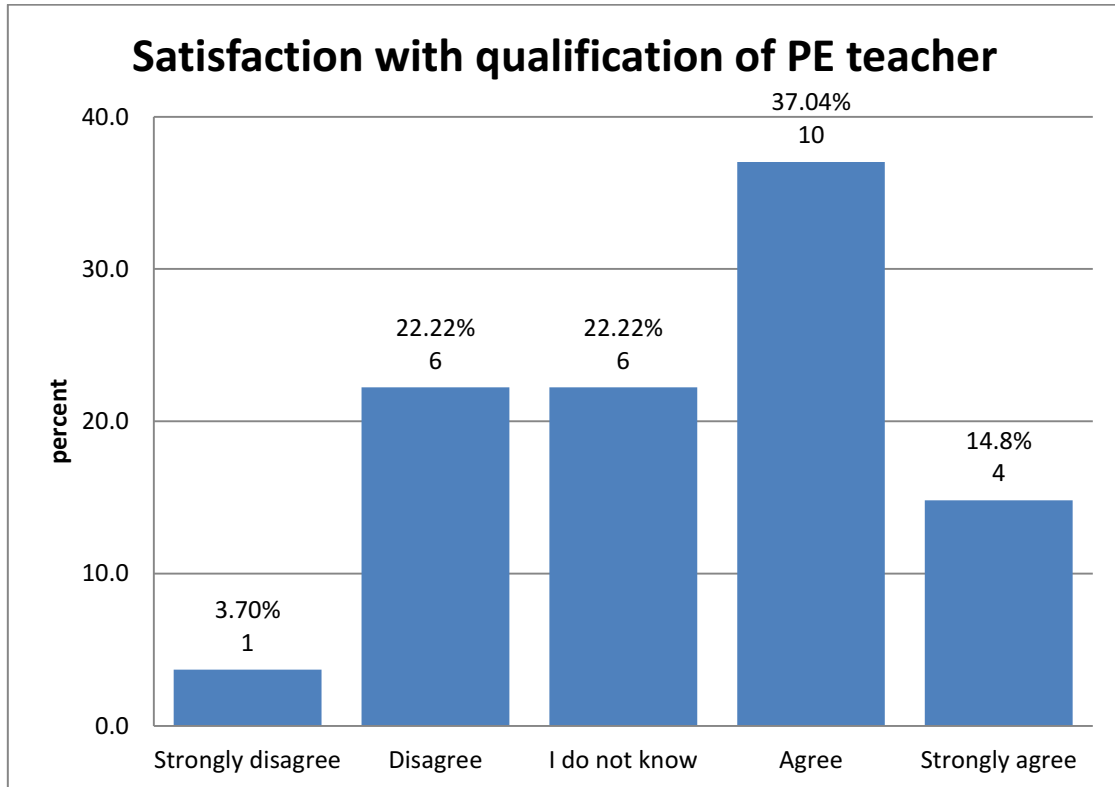
Figure 4 Parents' satisfaction with communication with PE teacher



In Figure 4, we asked parents to rate how satisfied they were with communication with the PE teacher. The results show that 44.4% (n=12) parents rated it poorly and 37.04% (n=10) were indecisive. Only 5 parents (18.52%) agreed to being satisfied with communication.

Question 2. Are most parents satisfied with the PE teacher’s qualifications?

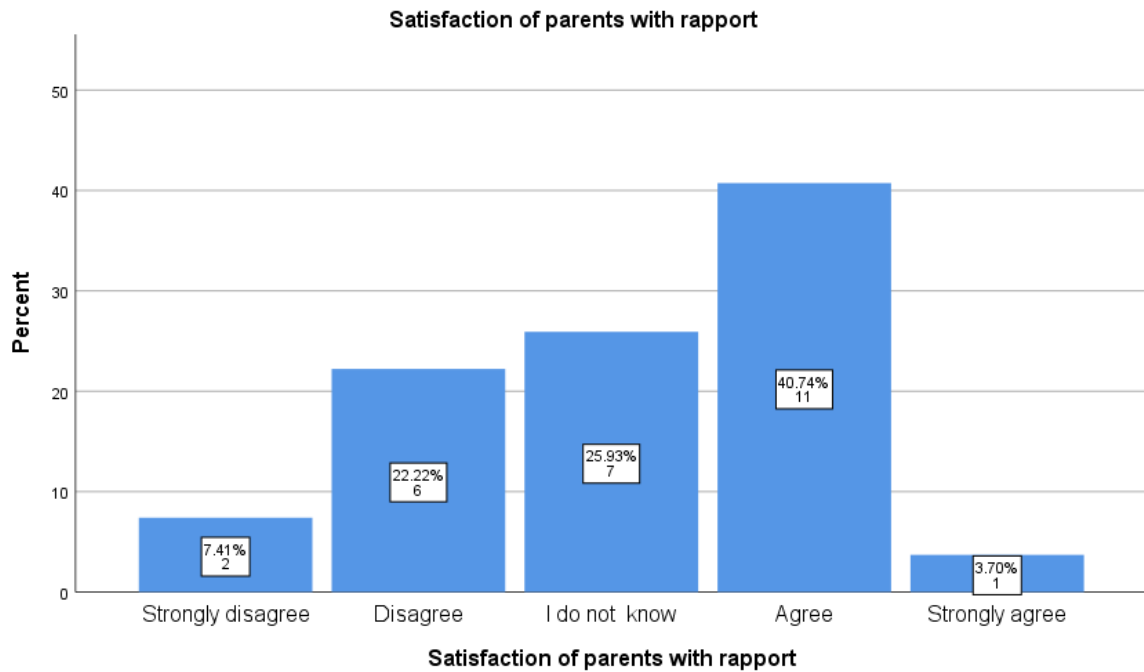
Figure 5 Parent's satisfaction with qualification of PE teacher



The results in Figure 5 for satisfaction with PE teacher qualification show that more than half 51.8% (n=14) of the parents are satisfied with the PE teachers’ qualifications. Seven parents (25.92%) reported not being satisfied and 6 parents mentioned they did not know.

Question 3. Are most parents satisfied with the rapport between them and the PE teacher?

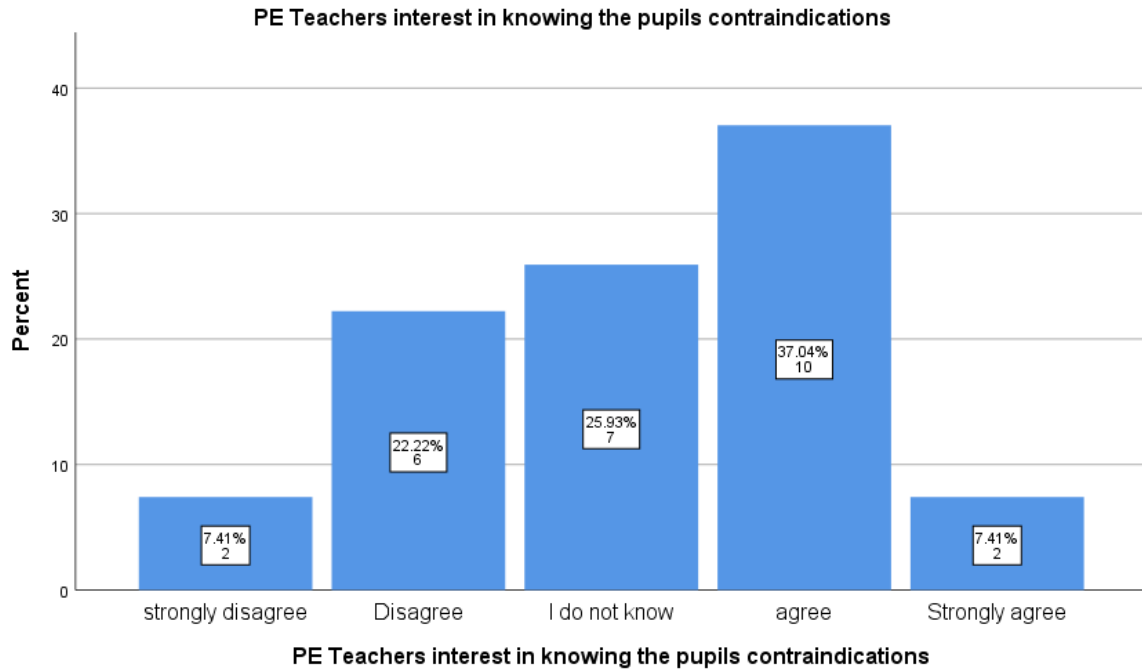
Figure 6 Parent's satisfaction with rapport with PE Teacher



The above figure 6 shows results for satisfaction with rapport without a significant difference in choices. The results show that only 44.4% (n=12) parents are more likely to report being satisfied, compared to 29.63% (n=8) of the parents said they were not.

Question 4. Are most parents satisfied with the teacher’s interest in knowing the child’s health contraindications?

Figure 7 Parents satisfaction with teacher knowledge on pupils’ contraindications



The results from Figure 7 on satisfaction with PE teacher’s interest in the pupils’ contraindications show that there were no significant differences in choices between parents who said they are satisfied and those who said they are not. Twelve parents (44.9%) reported being satisfied while 8 (29.7%) rated being unsatisfied

Question 5. Were most parents satisfied with the PE teacher support for online classes during the COVID lockdown?

Figure 8 Parents who indicated getting support during COVID lockdown

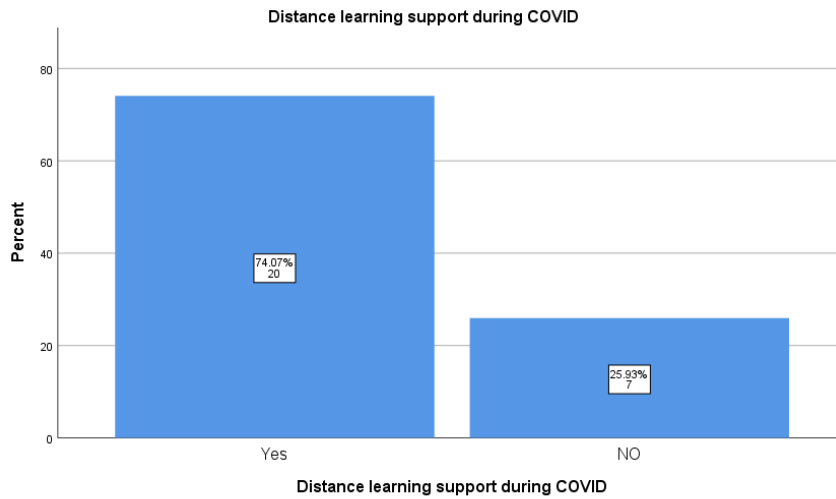


Figure 9 Parents satisfaction with distance learning support during COVID lockdown

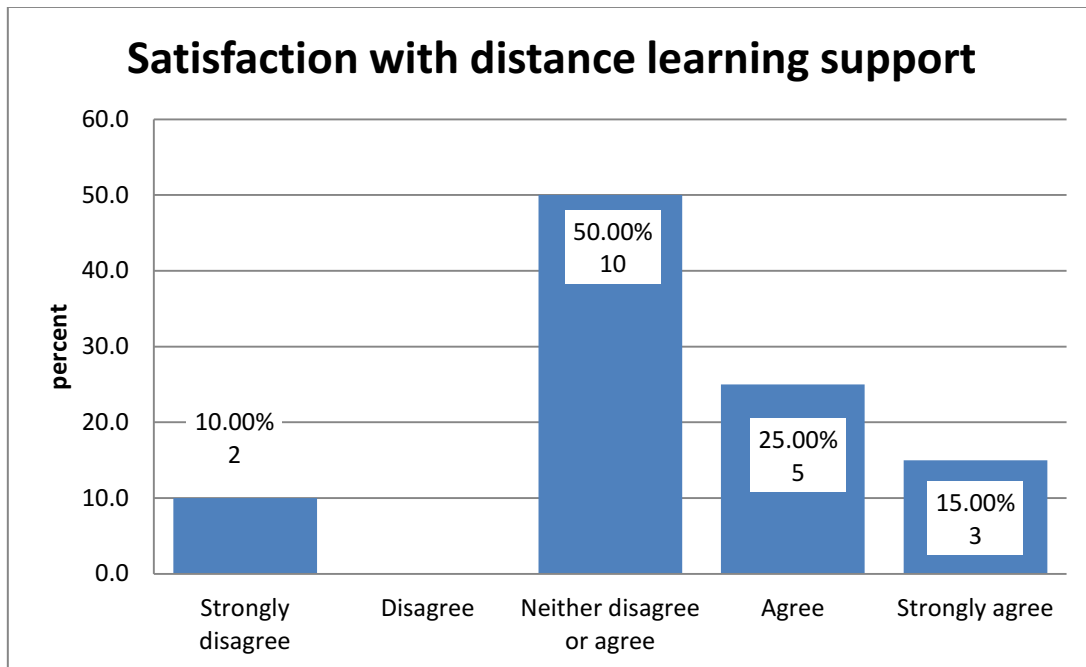


Figure 8 and Figure 9 show the results of parents who reported receiving PE learning support during the COVID lockdown. In Figure 8, majority of the parents (n=20; 74.1%) indicated getting support while 25.9% (n=7) said they did not. Figure 9 shows that half 50% (n=10) of the parents who reported receiving support were neutral about how they felt on this question. Eight parents (40%), however, did report being satisfied.

5.3 Satisfaction of parents based on demographic variables

This section represents results based on demographic variables. In the colour scale blue represents strongly disagree, red-disagree, green- either disagree or agree/I do not know, orange- agree and yellow – strongly agree.

Gender of Guardian

Figure 10 Satisfaction with communication by gender of guardian

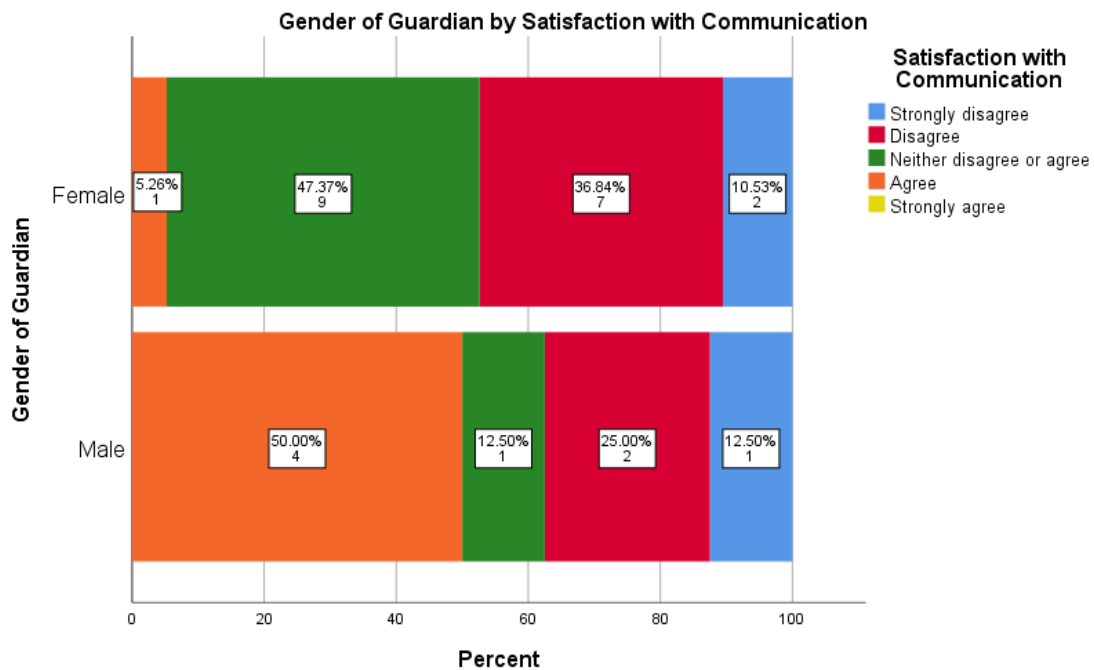


Figure 10 show that half of the male parents 50% (4) were more likely to agree being satisfied with communication compared to female parents who were more likely to be neutral (47.4%) or not satisfied (47.4%).

Figure 11 Satisfaction with qualification of teacher by gender of guardian

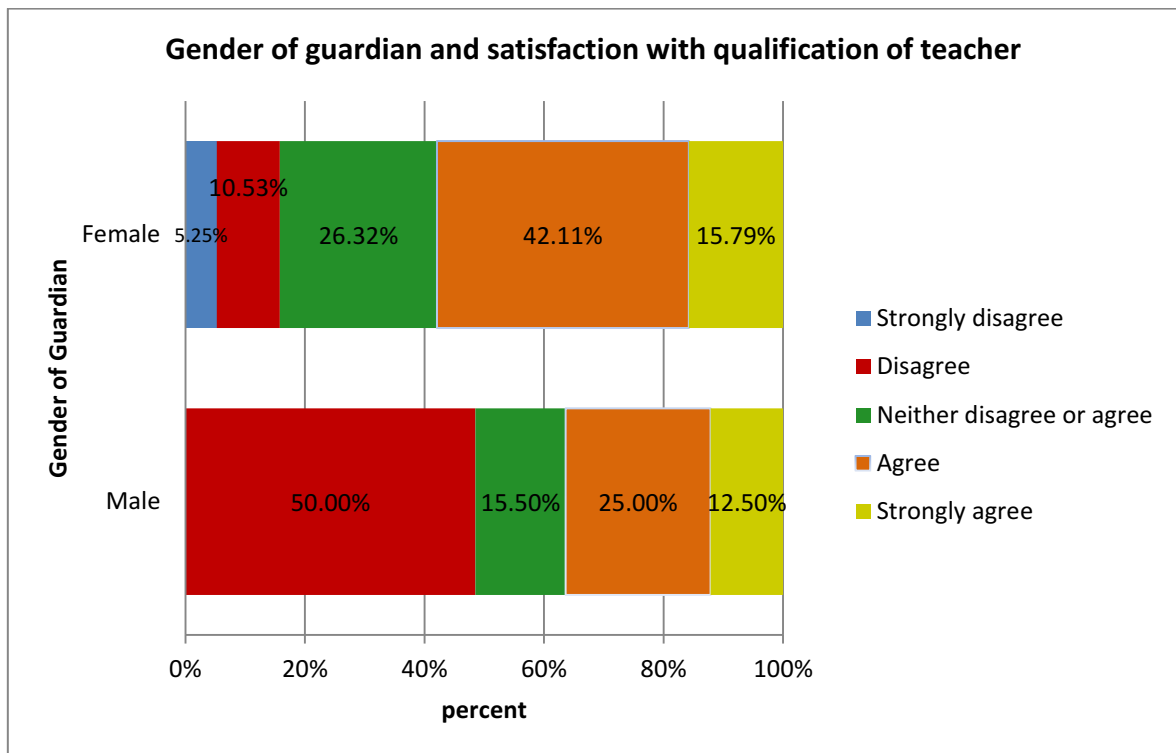


Figure 11 results show that half (50%) of the male parents were rather dissatisfied with PE teacher qualification compared to female parents who were more likely to be satisfied (57.9%).

Figure 12 Satisfaction with rapport by gender of guardian

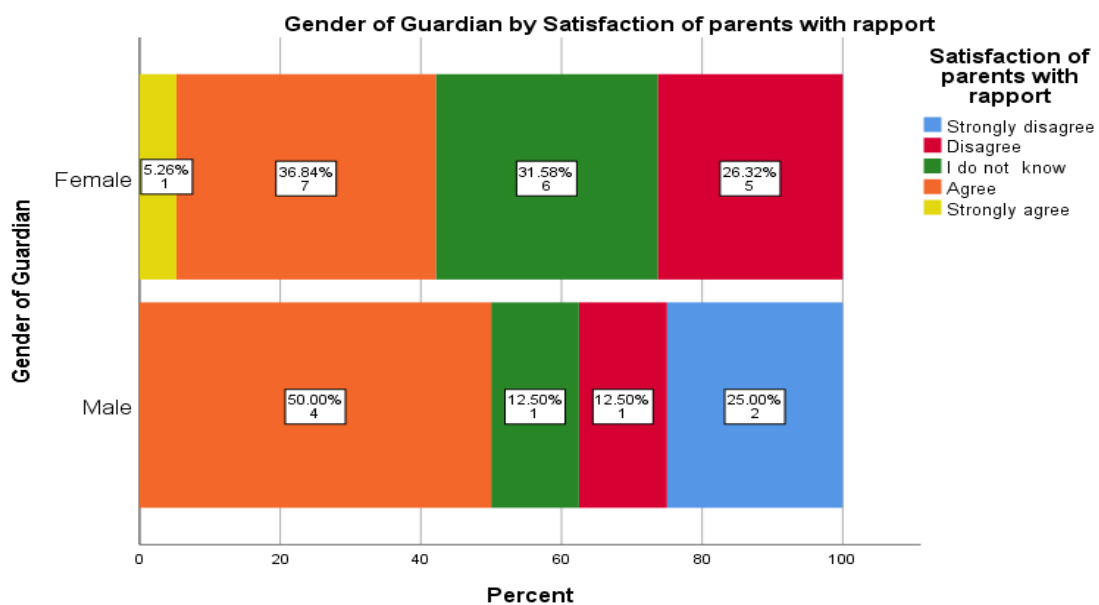


Figure 12 results show that female parents' responses across the scale were less variable. While for the male parents, half of them 50% were satisfied with rapport.

Figure 13 Satisfaction with teacher interest in contraindications by gender of guardian

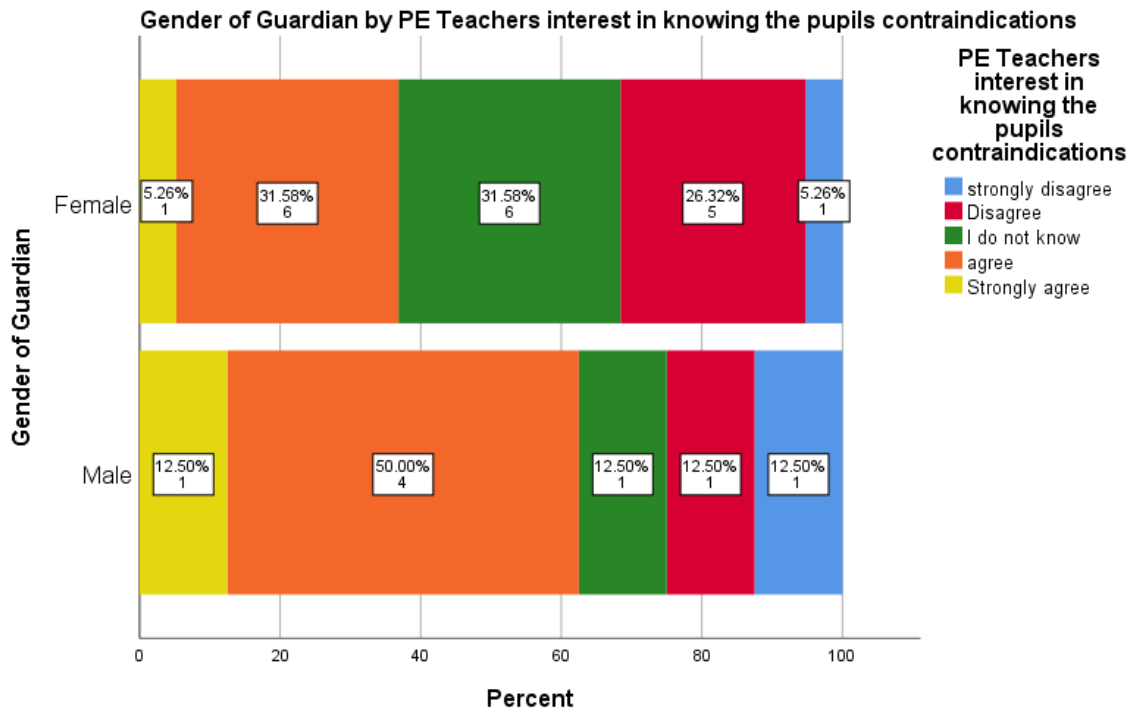
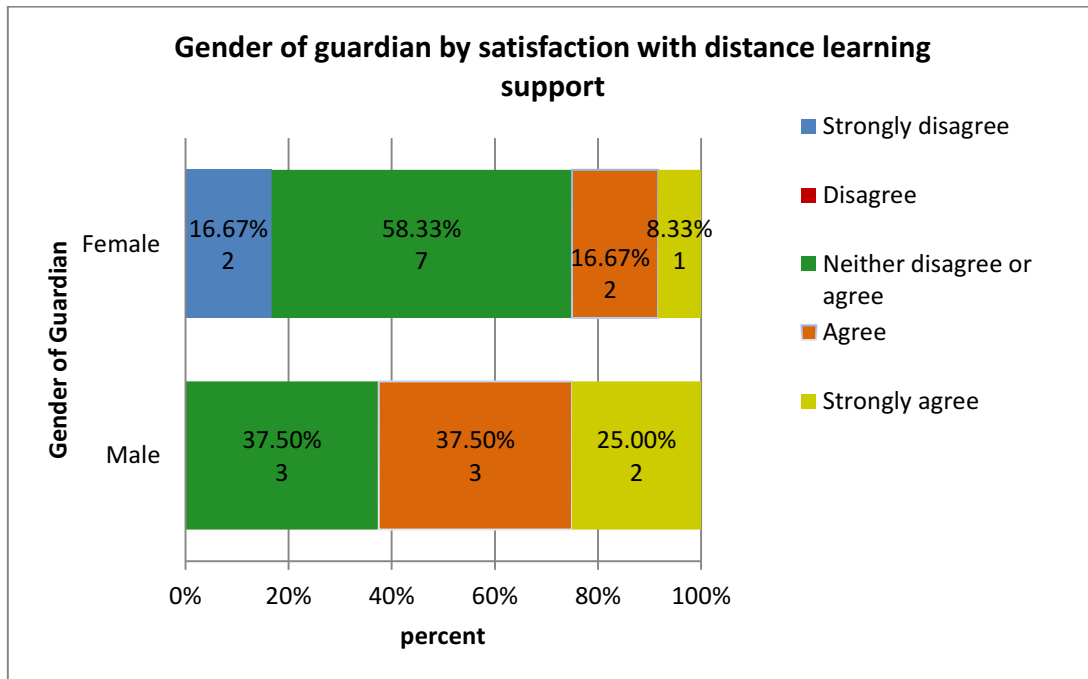


Figure 13 results show that half of the male parents (50%) were satisfied with the PE teachers' interest in knowing the pupils' contraindications. The female parents, however, were more likely to agree, not know or disagree.

Figure 14 Satisfaction with distance learning support by gender of guardian



The results in Figure 14 show that most male parents (62.5%) were more likely to be satisfied with distance learning support, unlike, female parents who were more likely neutral (58.3%) in their response.

Location and satisfaction

Figure 15 Satisfaction with communication by School location

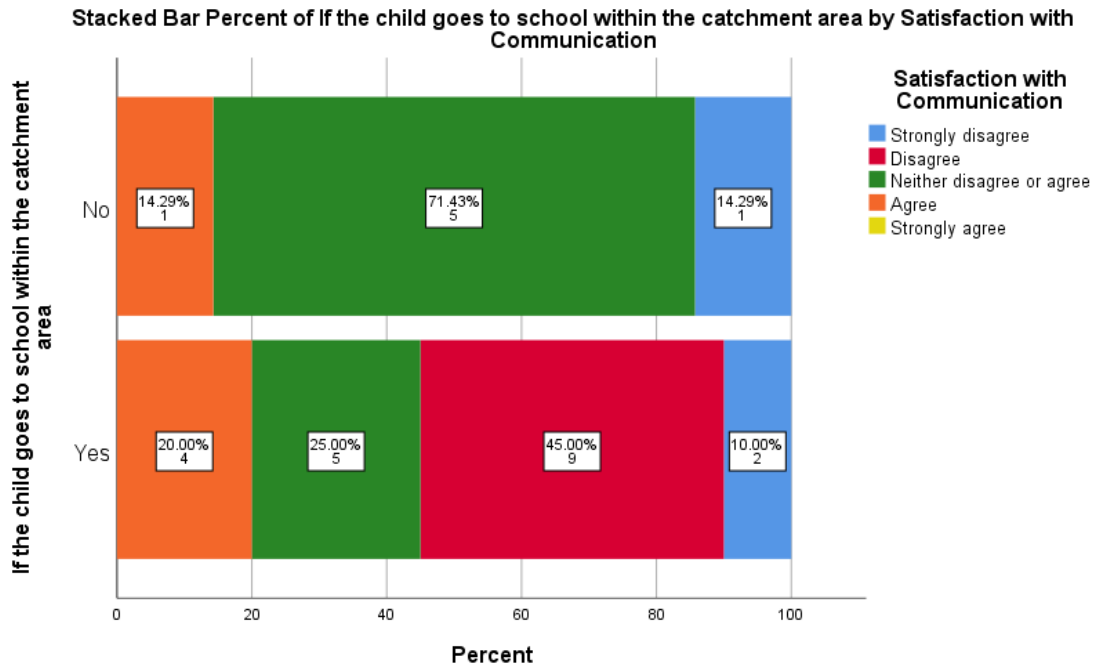


Figure 15 shows that parents whose child goes within the catchment area are more likely to be dissatisfied (55%) while parents whose child does not were more likely to remain neutral (71.4%).

Figure 16 Satisfaction with teacher qualification by school location

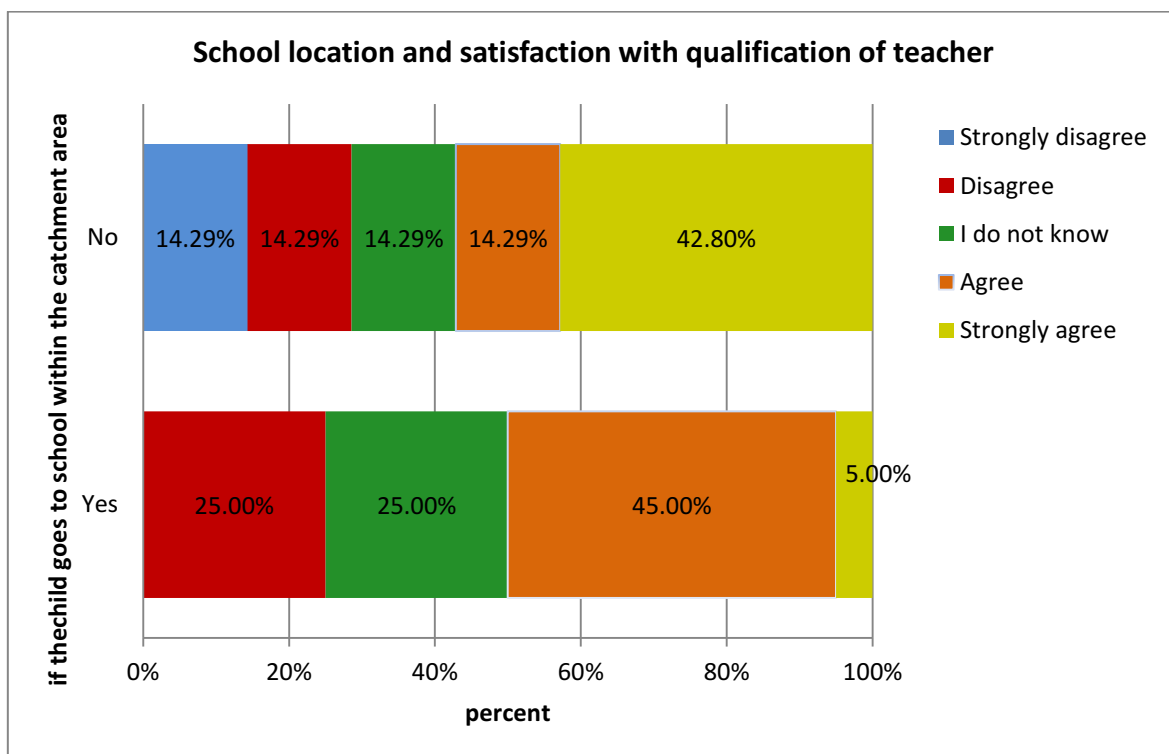
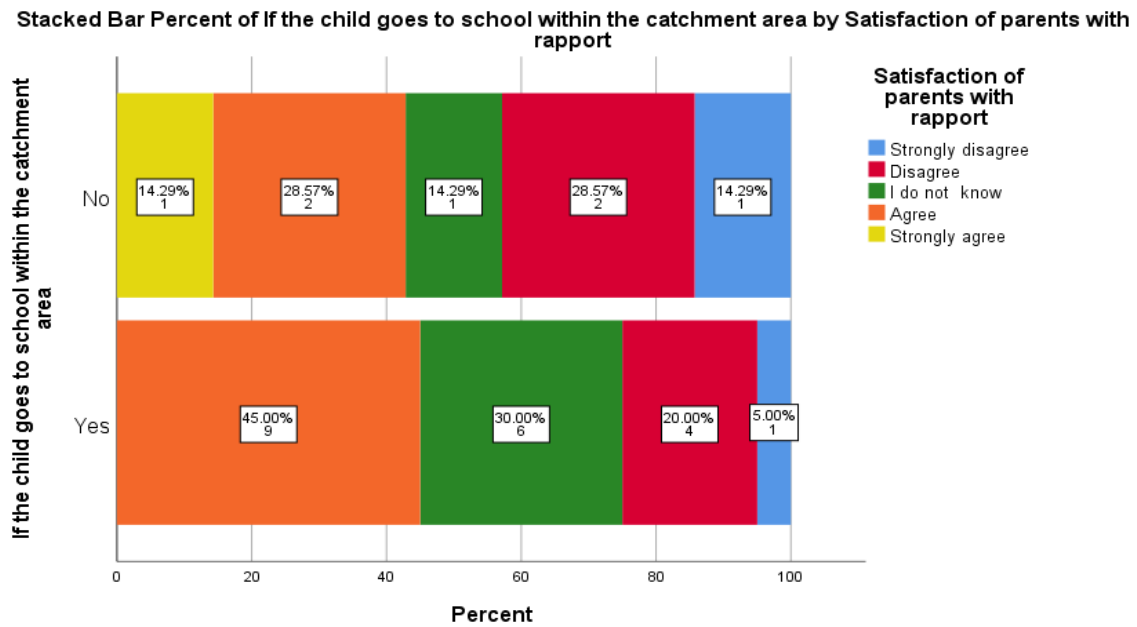


Figure 16 results show that both groups of parents were more likely to be satisfied with PE teaching qualification.

Figure 17 Satisfaction with rapport by School location



Results in figure 17 show us that the difference with satisfaction with rapport between the two groups was minimal. However, parents whose child goes to school outside the catchment area were more likely to be dissatisfied (42.29% n=3) with rapport, compared to parents whose child goes within the catchment area (25% n=5).

Figure 18 Satisfaction with teacher interest in contraindications by school location

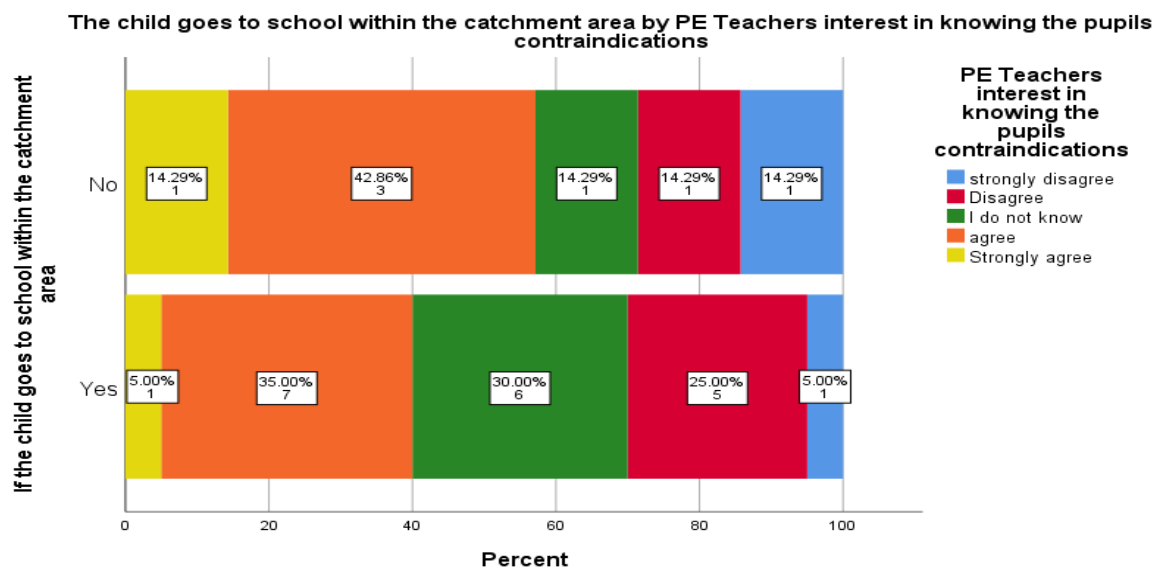
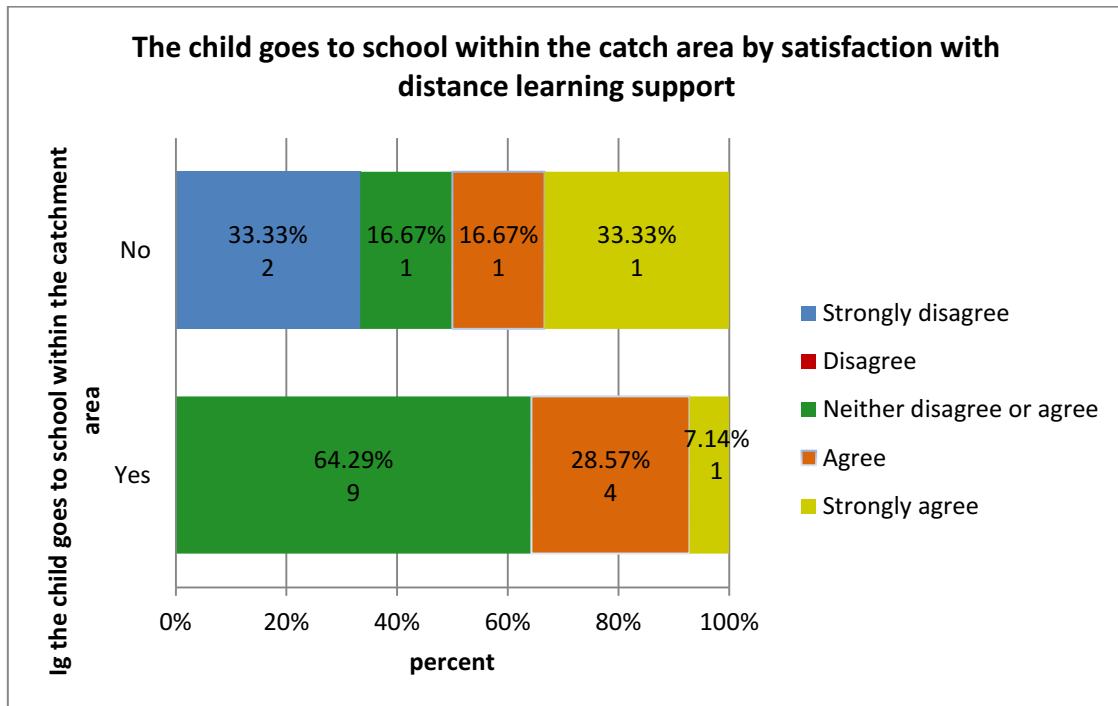


Figure 18 results show that parents whose child does not go to school within the catchment area were more satisfied 57% with teacher interest in child's contraindications compared to parents whose child goes within the catchment area (40%).

Figure 19 Satisfaction with learning support during COVID-19 by School location



The results in figure 19 show that parents whose child goes to school within the catchment area were more neutral (64.3%) with satisfaction towards distant learning support. While half (50%) of the parents whose child goes to school outside the catchment area were satisfied with distance learning support.

Type of disability and satisfaction with communication

To make it easier for the reader to understand the following results, types of disabilities shown in table 3 were grouped. Comorbidity in this section signifies pupils with a combination of more than one disability. Learning disabilities include such as Dyslexia, Dysgraphia and Dyscalculia.

Figure 20 Satisfaction with communication by type of disability

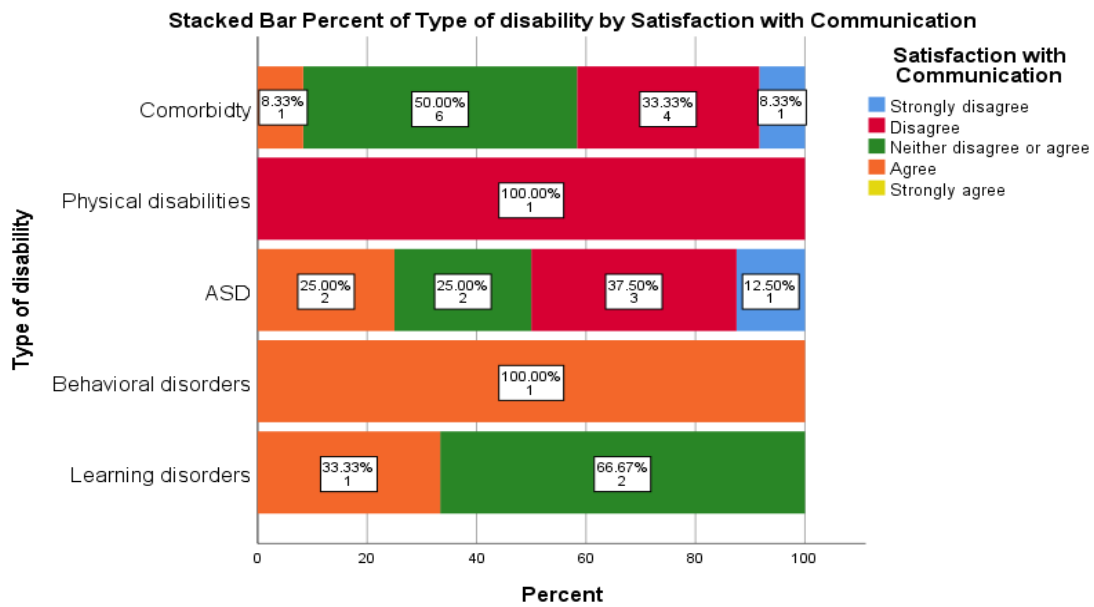
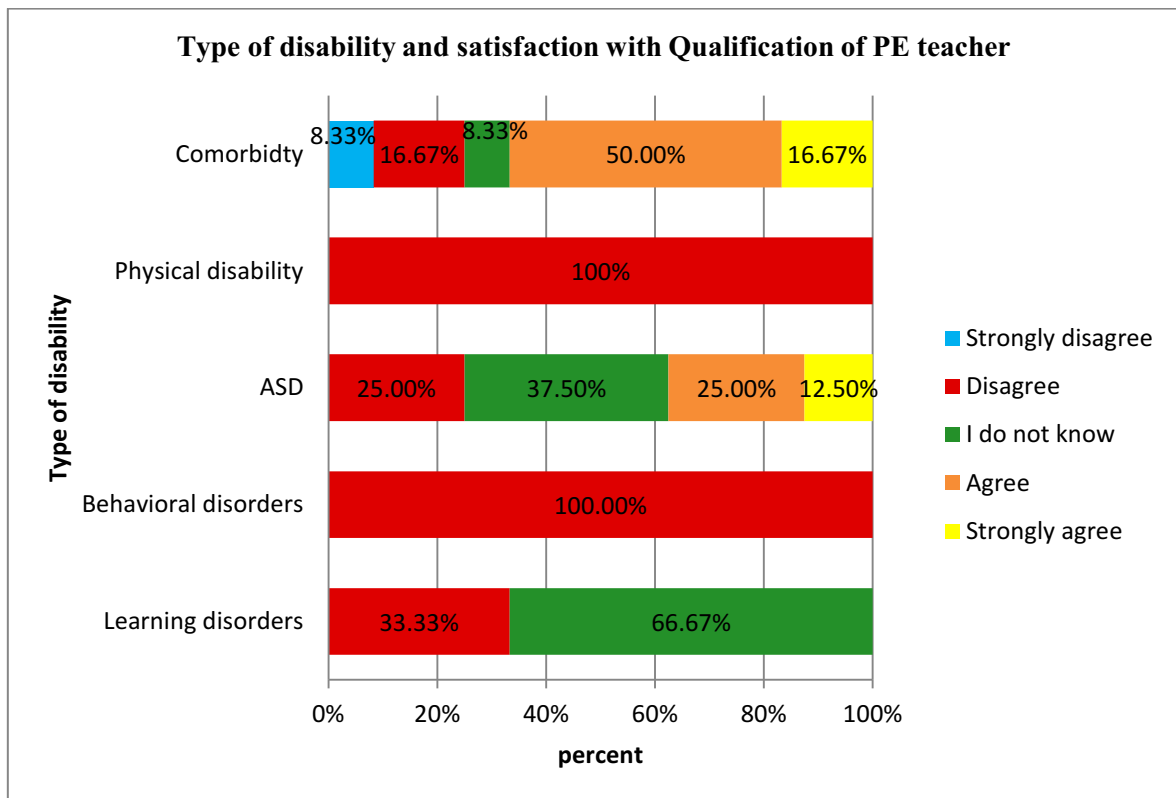


Figure 20 results show that most (60%) parents of children with combined disability were neutral with satisfaction with communication. The results also show that parents of children with ASD were likely to be dissatisfied (50%) with communication followed by parents of children with combined disability with 41.7%.

Figure 21 Satisfaction with teacher qualification by type of disability



The results in figure 21 show that most (66.7%) parents of children with comorbidity were satisfied with PE teacher qualification while 25% were more likely to be dissatisfied. Parents of children with learning disorders were more likely to be neutral, while parents of child with ASD were more likely to be satisfied.

Figure 22 Satisfaction with rapport by type of disability

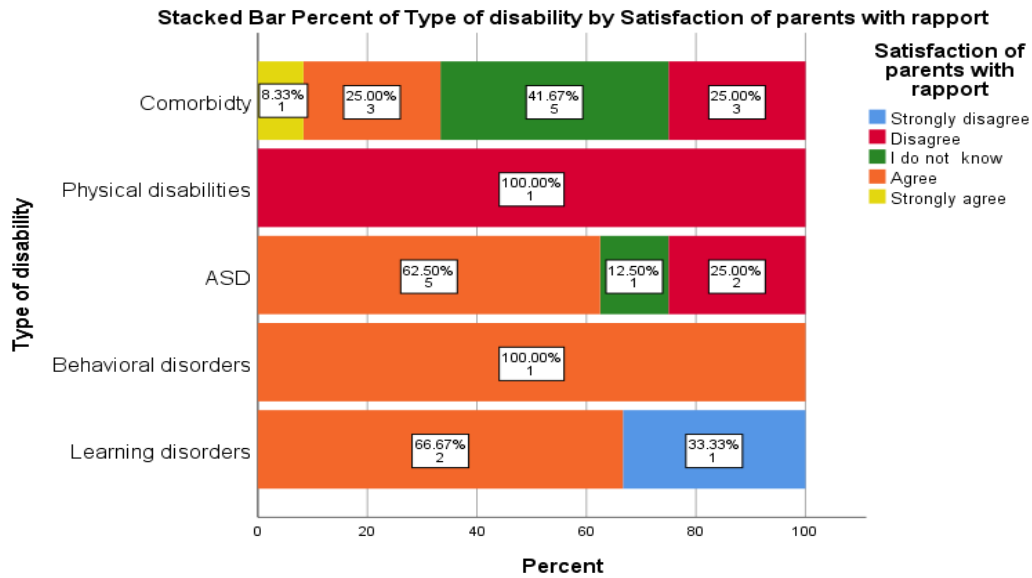
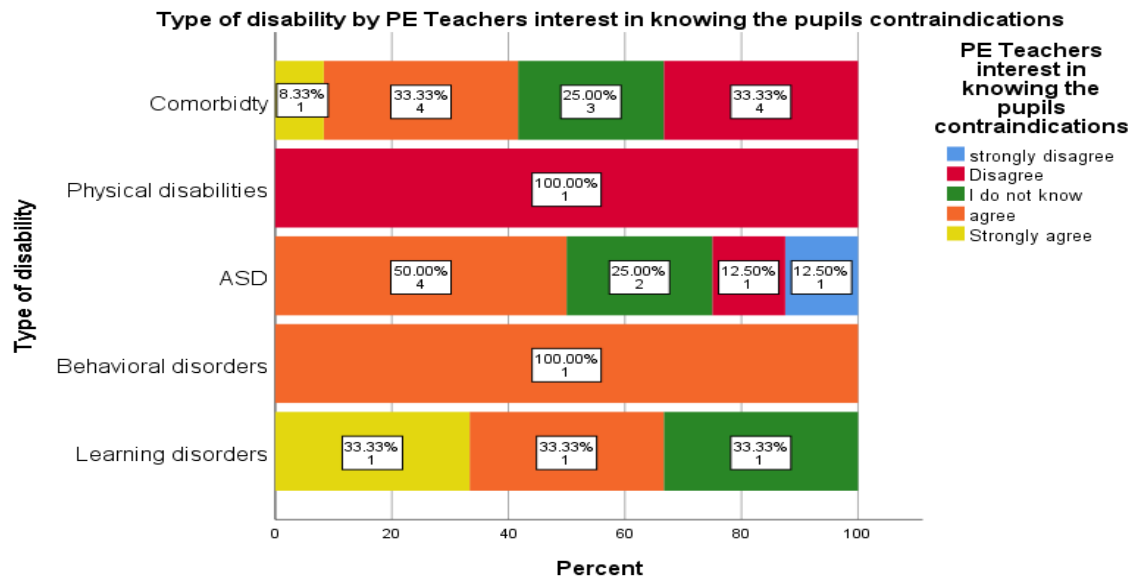


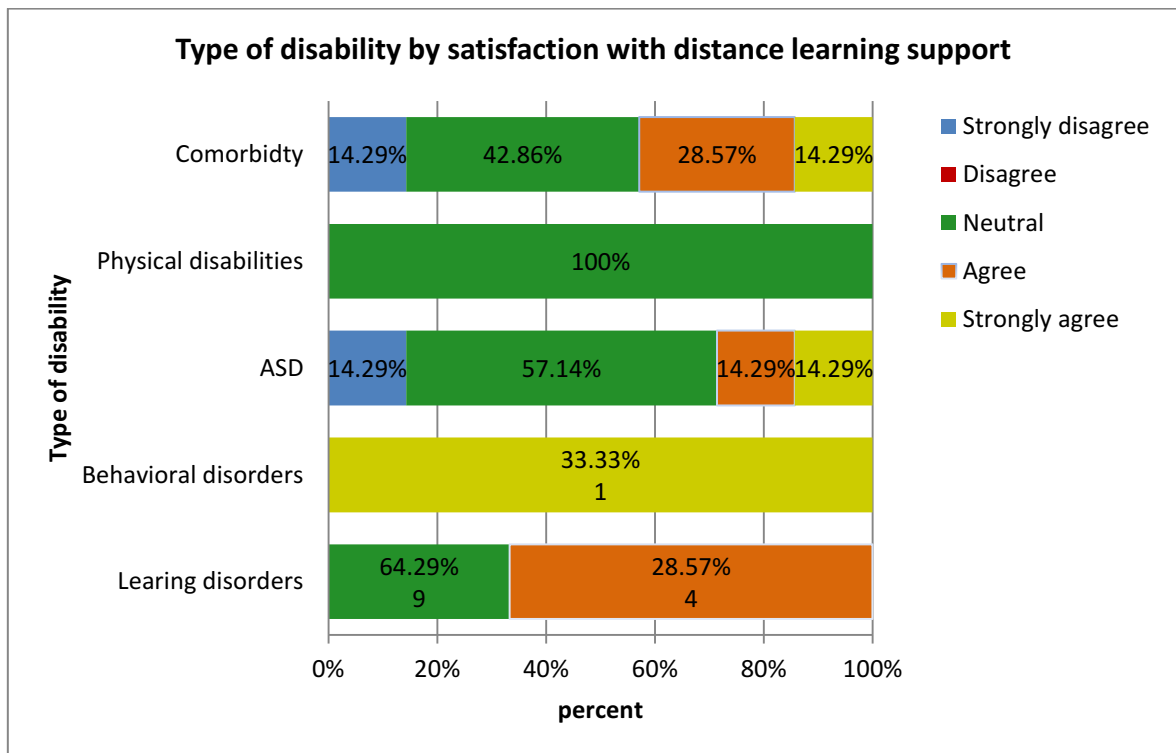
Figure 22 results show that parents of children with learning disorders and ASD were more likely to be satisfied with teacher rapport (66.7% and 62.5% respectively). Parents of children with comorbidity were more likely to be neutral towards teacher rapport (41.5%)

Figure 23 Satisfaction with teacher interest in contraindications by type of disability



The results from figure 23 show that parents of children with learning disorders and ASD were more likely (66.6% and 50% respectively) to be satisfied with teacher interest in their child's contraindications. While parents of children with comorbidity were more likely to be dissatisfied (33.3 %) compared to other groups.

Figure 24 Satisfaction with learning support during COVID-19 by type of disability



The results from figure 24 show that most parents despite their child’s diagnosis remained neutral. Parents of children with learning disorders were the most satisfied (66.7%), followed by parents of children with comorbidity (42.9%) and then parents of children with ASD (28.4%). One parent of a child with ASD and another of a child with comorbidity indicated being very unsatisfied

6 DISCUSSION

The aim of this thesis by using the (PPTAPET) survey was to explore satisfaction of parents with children with disabilities with inclusion in physical education in the Czech Republic. During our literature review we came up with 5 research questions. The first 3 questions are primarily based on the PPTAPET survey. We added two more questions that sought to find out parental satisfaction with regards to satisfaction with teacher knowledge on child health contraindication and also on satisfaction with collaboration during the COVID-19 lockdown. Further we explored to see if there is any interaction between the five variables and some selected demographics. Each of 5 questions and the findings are discussed below.

Our first question in this thesis was: Are most parents satisfied with communication with the PE teacher? The answer to this question was a No. The results in Figure 4 show that less than half of the parents (44.4%) were satisfied with communication with the PE teacher while some parents (37%) were indecisive and only 18.5% of the sample agreed to being satisfied with communication. These results are contrary to results from studies such as Lee et al., (2017) who found that most parents were satisfied with teacher communication. Parents in our study could have been less satisfied with communication for number of reasons. On further analysis we found some interesting results when we looked at some demographic interplay. We found that male parents were more likely to be satisfied with communication, compared to female parents who were either neutral or dissatisfied. This may be related to the fact that women take care of children more and are more communicative than men, so they require more communication. While we expected that parents whose child goes to school within the catchment area would be more satisfied with communication, the opposite was true (figure 20). We later also found that half of the parents of children with ASD were more likely to be dissatisfied with communication, while parents of children with comorbidity were more neutral (60%).

The interaction of these demographic variables with satisfaction, give us another broad picture as to why there would have been fewer parents satisfied with communication. These results could be impacted by how this communication happens between the teacher and parents. For instance, Chaapel et al. (2012) in their study found

that parents highlighted the need for frequent communication as opposed to the communication every 6 weeks. This could be due to the fact that parents who receive better and frequent communication are more likely to be satisfied (Law, Hanna, King et al., 2003). However, authors like Hodge et al. (2012) have mentioned that teacher's busy schedule can have an effect in how much time they have available to communicate with parents. He goes on to say that, teachers for children with SEN need more time because of the importance of coming up with inclusive and appropriate inclusive education plans. It is possible that parents of children with complex conditions (in this case pupils with comorbidity) are more likely to have higher expectations from the teacher. Further, the complexities of the diagnoses in the class might create more demands on the teacher and inversely lead to the teacher having less time for sufficient communication with the parents. It would be of interest to find out if there would be a difference in communication between parents of pupils who are in fully inclusive PE and those who are in a partly inclusive class. A future study should explore this relationship for deeper insight. It is therefore important that PE teachers from the onset set expectations and means of communication with the parents such as frequency of communication, and if communication will be in person or by mail. Establishing this understanding from the onset would perhaps lead to an increase in satisfaction with communication between the parent and the teachers.

Our second research question; Are most parents satisfied with the PE teachers' qualifications? The answer based on the results was YES. Similarly to a study by Lee et al., (2017) we found that more than half of the parents (51.8%) agreed to being satisfied with PE teachers qualifications. As aforementioned in the literature review (Columna et al., 2008), most parents want teachers with the necessary skills and training to be able to work with children. Delving further into the demographics, interestingly, we found that male parents were more likely to be dissatisfied (50%) with PE teacher qualification, while, female parents were more likely to be satisfied (42.1%). In our findings we did find that parents whose child goes to school within the catchment area or outside the catchment area were both likely to be satisfied with teacher qualification. Furthermore, we found that parents of children with learning disorders were more likely to be neutral (66.7%) on this topic, while parents of children with comorbidity or ASD were likely to be satisfied. Based on these results, we can say that most parents in Czech Republic perceive PE teachers qualification as adequate. This could be attributed to the fact that a PE teacher for SEN in

Czech Republic goes through rigorous training as prescribed by Act No. 563/2004 Coll. However, it would be of interest to further research how well parents really understand the concept of a qualified PE teacher for SEN. It could be easier to assume that just because someone works at school, then he/she is qualified. An examination of assumed competence from parents' side and actual competence of the legislatively allowed PE teachers would help to give more insight if PE teachers are really skilled adequately.

The third question in this thesis was; Are most parents satisfied with the rapport between them and the PE teacher? The answer to this question based on our results was NO. The results shown in figure 6 tell us that less than half of the parents (44.4%) are likely to be satisfied with rapport and 29.6% parents feel more likely to be dissatisfied. Seven of the parents (25.9%) were neutral. Unlike studies done by Lee et al., (2017) and An and Goodwin (2007) who found that most parents were satisfied with teacher parent rapport. Our results are similar to Salembier and Furney (1997) who found that some parents mentioned that they had poor relationships with instructors. These results could be compared to those attributed in parental satisfaction with communication. Communication and rapport go hand in hand as both are part of parental involvement. Our demographic results show a similar trend. For instance, we found that half of the male parents (50%) are more likely to be satisfied with teacher rapport, while female parents were more likely to be satisfied, neutral or dissatisfied. Further, Parents whose child goes to school outside the catchment area were more likely to be dissatisfied compared to parents whose child goes to school within the catchment area as shown in figure 22. On the other hand we found that parents of children with learning disorders and ASD were more likely to be satisfied with teacher rapport.

The aforementioned findings can be explained using findings from a study by Columna et al., (2008), where they found that most parents wished they could be more involved in the educational process of the children. The authors further go on to say that parents tend to take a more passive role and tended not to interact with the PE teacher. Going by our results, it would be interesting to find out why Czech male parents were more satisfied with rapport compared to female parents. It would be interesting to find out, to what extent PE teachers involve parents in decision making or whether parents are forced to take a passive role. Further research would be necessary to gain understanding as to what rapport and collaboration actually mean for Czech parents while factoring in demographic variables. Finding out the parents needs is crucial. Teachers must from the

onset find out if parents would like to be more equipped with knowledge about the PE activities done at school and if they would like to receive guidance on how to do some of the activities at home.

This rapport could also mean finding out to what extent Czech parents are involved in decision making with the PE teacher regarding their child. It is therefore important that PE teachers factor the importance of a collaborative approach because parent involvement has long lasting effects, the more the parent is involved, the better. Treating parents as unimportant has been shown to have a negative educational influence on their children, as the parents become discouraged and in turn miss out on developing attitudes that help promote achievement at school (Henderson, 1998).

The fourth question in this thesis was: Are most parents satisfied with the PE teacher's interest in knowing the child's health contraindication? The answer to this question was No. The results as seen in figure 7 show that less than half of the parents (44.4%) were satisfied with the teacher's interest in knowing the child's contraindications while 25.9 % of the parents said they did not know and 29.6% were dissatisfied. The number of parents who said no is also of interest. It is however, difficult to ascertain if their lack of knowledge is based on poor communication, rapport with the PE teachers or lack of knowledge about contraindications on their part. To understand this further, we looked at the demographics and sought to see if there were any differences. As shown in figure 13 we found that more male parents were satisfied with PE teacher interests in knowing child's contraindications in comparison to female parents who showed more variability in their responses. We also found that parents whose child goes to school within the catchment area were more likely to be satisfied compared to parents whose children did not. Expectedly, we did find (figure 8) that parents of children with comorbidity were more likely to be dissatisfied when compared to the other groups.

Problems of safety and risk in PE are of important consideration. This importance has been highlighted in other studies (Alesi and Pepi, 2017; Njelesani, Leckie, Drummond and Cameron, 2015; Shields and Synnot, 2016) which show that parents were more willing to let their child participate in PE, if the instructor was able to modify activities. Most parents stress the importance of suitability of activities with consideration to the child's contraindication (Alesi and Pepi, 2017). Seeing as most parents agreed to being satisfied with the teachers' qualifications: it can only be assumed that, demographic factors such as

the complexity of the child's diagnosis or age can play a factor. These factors should be considered by the PE teacher when making an IEP.

The past months have brought up big changes in how education is being conducted. Due to the COVID-19 lockdowns, schools had to make a transition to distance education and online learning. This change came with its own challenges, more so for non-traditional courses like PE. Factoring in PE with SEN presents even more challenges with regards to the quality and effectiveness of online PE education. In our fifth question, we asked: Were most parents satisfied with the PE teacher support for online classes during the COVID lockdown? The answer to this question was NO. Our results show that of the 27 parents, only 20 mentioned that they did receive support (figure 8). The results (figure 9) show that, half of the parents (50%) remained neutral on the topic while only 40% agreed to being satisfied. Neutrality in this aspect could mean any number of things and without information on parental expectations; it is difficult to ascertain why 50% of the parents decided to be neutral. However, if we look at Castro-Kemp et al. (2021) study, their results can help us understand the results found in this study. Their study found that parental views were dependent on social demographics. When we explored demographics in this study, we found (figure 14) that male parents were more likely to satisfied with distance learning support, unlike, female parents who were more likely to be neutral. We also found that parents whose child goes to school outside the catchment area were more likely to be satisfied compared to those who go within the catchment area. A difference in satisfaction based on type of child's disability was observed. Parents of children with learning disorders were more satisfied compared to parents of children with ASD. These differences give us a picture that there could be more at play than just asking if parents are satisfied or not.

For instance, the novelty of this type of learning could also help to explain the results, for most parents it is something new and therefore, they might not have a frame of reference to compare, contrast and come up with a definite decision to if this was adequate support or not. Furthermore, a study by Toseeb et al. (2020) found that were considerable differences among parents of children with SENs in how supported they have felt during COVID-19. Another study that can be used to explain these differences in results is by Huang et al. (2021) who found that despite parents receiving support during COVID, there was a difference in terms of intensity of the exercise given compared to pre-COVID. It is also important to point at teacher preparedness and expertise to conduct PE online with

SEN. For most teachers this was a new experience and it is bound to have issues. A study by Ng et al. (2021) explains this by saying that there is a need to provide technological content knowledge among special education physical education teachers and implementation of training would need to be adaptive and consider level of teaching experience of attendees. Going forward it is important for schools and educators to prepare for future possible scenario of offering PE online reoccurring. Therefore, it is important that PE teachers are given the adequate skills to teach online, and the collaboration and communication between parents be adapted to the situation to improve the effectiveness of online PE classes for SEN. Doing so may prevent what Betzen et al. (2021) found in their study – i.e. that most participants indicated decreased PA and about half decreased health status during the COVID-19 closure.

The results of this thesis work show that although most parents were satisfied with the qualification of the PE teacher to carry out PE for the children with SEN, fewer parents were satisfied with communication and rapport they received from the PE teacher. Interestingly, differences in results were observed when we factored in some social demographic variables, such as gender of parent, type of diagnosis and going to school in the catchment area. We found that satisfaction could be a multifaceted issue and therefore, PE teachers need to take these social demographic aspects into consideration. For instance parents of children with comorbidity might require more feedback, or some parents might be more sensitive to their Childs needs and be more protective, hence PE teachers need to establish good rapport from the start. Another aspect of interest is that the primary care giver of the child might have different perspectives on satisfaction. For instance, if Czech mothers are more likely to be primary care gives for their child SEN, it is more likely that they will be more critical when evaluating PE and inclusion. While, if fathers are not, they might not necessary have all the information to make an informed decision and give less variable responses.

All these are important factors that should be considered as schools try to make more inclusive PE classrooms so that we avoid situations where parents request that their child be exempted from PE.

Limitations and recommendations

This thesis has limitations of which we are aware. Firstly, due to the COVID-19 situation we had to change how our respondents were selected. Therefore, this study ended up utilizing convenience sampling, which is unlikely to be representative of the entire population of parents of children with SEN. It is also important to mention that the sample was relatively small and there was a huge disparity in number of respondents by gender. These two facts affect the generalizability of the findings. We recommend that future research uses larger samples and factors in equal representation of both sexes.

Secondly, most parents responded as their children having more than one diagnosis. It is therefore, only reasonable to suggest that this might influence how parents of children of complex or severe disabilities respond to the questionnaire. This study did not factor in this relationship and only looks at the response patterns. Therefore, future studies should explore if type and complexity of disability is an influencing variable over parent satisfaction. Lastly, developing a Czech normed instrument would be ideal to ensure that perception of satisfaction is culturally appropriate and that data should be obtained from both primary caregivers and secondary caregivers.

7 CONCLUSION

Physical education for Children with SEN has been shown to help with obesity, improve motor skills and improvement in being independent and participation in daily life. These benefits of PE for children with SEN cannot be overemphasised. However, to ensure effective PE programs for such children, it is important that a holistic approach to coming up with such programs be utilized. A part of this approach involves getting to know parental attitudes towards PE for the children with SEN. It is shown that parents are key players in the upbringing of their child and their satisfaction and opinion could influence PE out-comes positively or negatively. Parents' satisfaction with PE may show that they are in support of how PE is being carried out for their children.

The aim of this master's thesis was therefore to explore satisfaction of parents with children with disabilities towards physical education in Czech Republic. Using the PPTAPET survey we measured satisfaction across three domains namely communication, rapport and PE teacher qualification. This study further looked at satisfaction with teacher consideration of the child's health contraindications and support during the COVID-19 distance learning.

In this thesis study we found that although most parents were satisfied with PE teacher qualification, fewer parents reported being satisfied with communication, rapport, teacher interest in child's contraindications and learning support during COVID-19 lockdown. Among some of the reasons that can affect satisfaction with communication, could be a mismatch in expectations between parents and PE teachers, PE teachers busy scheduling and non-sufficient communication. It is also important to know that differences based on social demographics were observed. For instance, male parents were more likely to either agree or disagree with most variables while female parents were more diverse in their response. This observation is important because it shows that, there could be so many factors that could influence parent's perspectives towards PE for the child with SEN. This research, however, did not account for parental expectations; therefore, giving a definite conclusion is beyond the scope of this study. Hence, correlation studies should be done in the future to gain more insight.

Considering the limitations of this study, this study was the first to try and assess the satisfaction of parents with SEN towards PE. This study and its limitations can be used for future studies. Furthermore, the findings in this thesis provide important information

that PE teachers, school managers and parents should take into account when coming up with inclusive PE for children with SEN.

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APPENDIX

Appendix A: Ethics Committee Approval (in Czech)

UNIVERZITA KARLOVA
FAKULTA TĚLESNÉ VÝCHOVY A SPORTU
Josef Martího 31, 162 52 Praha 6-Vešelavín

Žádost o vyjádření Etické komise UK FTVS

k projektu výzkumné, kvalifikační či seminární práce zahrnující lidské účastníky

Název projektu: Spokojenost rodičů dětí se specifickými vzdělávacími potřebami se začleněním do tělesné výchovy

Forma projektu: výzkumná práce – diplomová práce

Období realizace: únor 2021 – březen 2021

Výzkum bude realizován v souladu s platnými epidemiologickými opatřeními Ministerstva zdravotnictví ČR.

Předkladatel: Bc. Chipo Malambo

Hlavní řešitel: Bc. Chipo Malambo

Místo výzkumu (pracoviště): Katedra ZTV a TVL, FTVS UK

Vedoucí práce (v případě studentské práce): PhDr. Klára Daďová, Ph.D. (UK FTVS, katedra ZTV a TVL)

Finanční podpora: žádná

Popis projektu: Cílem této práce je prozkoumat spokojenost rodičů dětí se specifickými vzdělávacími potřebami (SVP) se začleněním jejich dětí do tělesné výchovy, a to s využitím metody dotazníkové šetření pomocí Parent Perceptions Toward Adapted Physical Education Teachers (PPTAPET) survey (Columa, Cook, Foley, & Bailey, 2014).

Otázky nebudou zjišťovat žádná citlivá data.

Charakteristika účastníků výzkumu: Dotazník bude rozeslán elektronickou formou mezi 20 - 30 rodičů. Budeme oslovovat rodiče s dětmi se specifickými vzdělávacími potřebami (SVP), kteří chodí na tělesnou výchovu. Informovaný souhlas bude součástí dotazníku. Respondenty budeme oslovovat přes kontakty získaných během projektu OP VVV - Pohyb pro inkluzi (Reg. č.: CZ.02.3.62/0.0/0.0/16_037/0004664, UK-FTVS), Centra aplikovaných pohybových aktivit v Olomouci, další kontakty budeme získávat přes externí vyučující.

Zajištění bezpečnosti: Jedná se o neinvazivní metodu. Účastníci budou vyplňovat dotazníky elektronickou formou. Rizika prováděného výzkumu nebudou vyšší než běžně očekávaná rizika v rámci tohoto výzkumu. Všem respondentům budou poskytnuty informace o cíli i průběhu výzkumu.

Etické aspekty výzkumu:

Potenciální střet zájmů: Z prováděného výzkumu nebudu mít žádný osobní prospěch. K tomuto výzkumu mě vede důvod o rozšíření znalostí o tématu inkluzivní v tělesné výchově. Nemám soukromý zájem na výsledku výzkumu a ani výzkum nevede k osobnímu prospěchu. Jedná se o čistě vědeckou práci, která nemá žádného zadavatele. Výběr respondentů, kteří budou vyplňovat dotazníky (PPTAPET), které jsou součástí výzkumu je náhodný, tím jsem přesvědčen, že je zaručena jeho objektivita.

Ochrana osobních dat: Data budou shromažďována a zpracovávána v souladu s pravidly vymezenými nařízením Evropské unie č. 2016/679 a zákonem č. 113/2019 Sb. – o zpracování osobních údajů. Budou získávány následující osobní údaje (věk, místo bydliště, pohlaví, odpovědi na otázky, e-mail či telefonní číslo), které budou bezpečně uchovány na heslem zajištěném počítači v uzamčeném prostoru, přístup k nim bude mít hlavní řešitel.

Uvědomuji si, že text je anonymizován, neobsahuje-li jakékoli informace, které jednotlivě či ve svém souhrnu mohou vést k identifikaci konkrétní osoby - budu dbát na to, aby jednotlivé osoby nebyly rozpoznatelné v textu práce. Osobní data, která by vedla k identifikaci účastníků výzkumu, budou bezprostředně do 1 dne po testování anonymizována.

Získaná data budou zpracovávána, bezpečně uchována a publikována v anonymní podobě v diplomové práci, případně v odborných časopisech, monografiích a prezentována na konferencích, případně budou využita při další výzkumné práci na UK FTVS.

Požíování fotografií/videí/audio nahrávek účastníků: Během výzkumu nebudou pořizovány žádné fotografie, audionahrávky ani videozáznamy.

V maximální možné míře zajistím, aby získaná data nebyla zneužita.

Text informovaného souhlasu (IS): úvod k anketě

Povinnosti všech účastníků výzkumu na straně řešitele je chránit život, zdraví, důstojnost, integritu, právo na sebeurčení, soukromí a osobní data zkoumaných subjektů, a podniknout k tomu veškerá preventivní opatření. Odpovědnost za ochranu zkoumaných subjektů leží vždy na účastnících výzkumu na straně řešitele, nikdy na zkoumaných, byť dali svůj souhlas k účasti na výzkumu. Všichni účastníci výzkumu na straně řešitele musí brát v potaz etické, právní a regulační normy a standardy výzkumu na lidských subjektech, které platí v České republice, stejně jako ty, jež platí mezinárodně.

UNIVERZITA KARLOVA
FAKULTA TĚLESNÉ VÝCHOVY A SPORTU
Josef Martího 31, 162 52 Praha 6-Vešelavín

Potvrzuji, že tento popis projektu odpovídá návrhu realizace projektu a že při jakékoli změně projektu, zejména použitých metod, zašlu Etické komisi UK FTVS revidovanou žádost.

V Praze dne: 02.02.2021

Podpis předkladatele:



Datum a podpis odpovědného pracovníka z místa výzkumu:

Vyjádření Etické komise UK FTVS

Složení komise: **Předsedkyně:** doc. PhDr. Irena Parry Martinková, Ph.D.

Členové: prof. MUDr. Jan Heller, CSc.

Mgr. Eva Prokešová, Ph.D.

prof. PhDr. Pavel Šlepička, DrSc.

Mgr. Tomáš Ruda, Ph.D.

PhDr. Pavel Hráský, Ph.D.

MUDr. Simona Majorová

Projekt práce byl schválen Etickou komisí UK FTVS pod jednacím číslem: 201/2020

dne: 5.2.2021

Etická komise UK FTVS zhodnotila předložený projekt a **neshledala rozpory** s platnými zásadami, předpisy a mezinárodními směrnici pro provádění výzkumu zahrnujícího lidské účastníky.

Řešitel projektu splnil podmínky nutné k získání souhlasu Etické komise UK FTVS.

UNIVERZITA KARLOVA
Fakulta tělesné výchovy a sportu
Josef Martího 31, 162 52, Praha 6
Etická komise UK FTVS


.....
podpis předsedkyně EK UK FTVS

Appendix B: PPTAPET questionnaire in English (Columna et al., 2014).

Directions: Please circle a response for each question

Communication with the Adapted Physical Education Teacher

I am satisfied with the frequency in which I communicate with my child's APE/GPE teacher.	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
The APE/GPE teacher encourages me to participate in the decision making process regarding my child's PE program.	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
The APE/GPE teacher provides useful information about PE services provided to my child.	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
The APE/GPE teacher keeps me informed about my child's progress.	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

APE Teacher Qualifications

I feel the APE/GPE teacher is qualified to instruct children with Autism.	Strongly Disagree	Disagree	Do Not Know	Agree	Strongly Agree
I feel the APE/GPE instruction is always adapted to the needs of my child.	Strongly Disagree	Disagree	Do Not Know	Agree	Strongly Agree
I feel that the current instruction provided to my child in the APE/GPE class is appropriate.	Strongly Disagree	Disagree	Do Not Know	Agree	Strongly Agree
I feel instruction provided by the APE/GPE teacher to my child needs to be improved.	Strongly Disagree	Disagree	Do Not Know	Agree	Strongly Agree

Parent and Teacher Rapport

The APE/GPE teacher shows a willingness to learn more about my child's needs.	Strongly Disagree	Disagree	Do Not Know	Agree	Strongly Agree
The APE/GPE teacher shows sensitivity to the needs of my child.	Strongly Disagree	Disagree	Do Not Know	Agree	Strongly Agree
The APE/GPE teacher understands my concerns regarding my child's performance at school.	Strongly Disagree	Disagree	Do Not Know	Agree	Strongly Agree
The APE/GPE teacher listens and values my concern regarding my child's education.	Strongly Disagree	Disagree	Do Not Know	Agree	Strongly Agree

Appendix C: PPTAPET questionnaire in Czech

ANKETA SPOKOJENOSTI RODIČŮ DĚTÍ SE SVP S INKLUZÍ V TĚLESNÉ VÝCHOVĚ

Vážení zákonní zástupci,

já, Chipo Malambo, jsem studentem 2. ročníku magisterského studia Aplikovaná tělesná výchova a sport osob se specifickými potřebami na Fakultě tělesné výchovy a sportu Univerzity Karlovy (UK FTVS). Tímto se na Vás obracím s žádostí o vyplnění dotazníku, který bude sloužit jako podklad pro mou diplomovou práci.

Ve své práci zkoumám problematiku spokojenosti rodičů dětí se specifickými vzdělávacími potřebami (SVP) a jejich začlenění do tělesné výchovy. Chtěl bych Vás tedy požádat o vyplnění tohoto dotazníku, které Vám zabere cca 10-20 minut.

Pokud by pro Vás bylo vyplňování dotazníku obtížné a chtěl(a) byste s ním pomoci, můžete mě kontaktovat na emailové adrese: cmalambo@yahoo.com, nebo zavolat na telefonní číslo: 604359136.

Získaná data budou využita ke zpracování diplomové práce, případně dalšímu výzkumu na UK FTVS; budou zpracována, publikována a uchována v anonymní podobě a ochráněna před jiným užitím. Pokud budete mít zájem seznámit se s výsledky studie, napište mi na adresu: cmalambo@yahoo.com

Vyplněním dotazníku potvrzujete, že dobrovolně souhlasíte se svojí účastí v této výzkumné studii, o které jste byl(a) informován(a), jakož i o právu odmítnout účast nebo svůj souhlas kdykoliv odvolat bez represí, a to písemně Etické komisi UK FTVS.

Předem děkuji za Vaši ochotu při vyplnění dotazníků.

Bc. Chipo Malambo

Tuto anketu prosím vyplňte pouze v případě, že Vaše dítě NENÍ uvolněno / osvobozeno z TV.

Návod: Prosím zakroužkujte odpověď pro každou otázku

Obecné informace

1. Vaše pohlaví

- Muž
- Žena

2. Vaše dítě (dítě se SVP) je:

- Chlapec
- Dívka

3. Věk Vašeho dítěte je:

- 6 let
- 7 let
- 8 let
- 9 let
- 10 let

- 11 let
 - Více než 11 let
4. Třída ZŠ, v níž je Vaše dítě v tomto školním roce 2020/21, je
- 1. třída
 - 2. třída
 - 3. třída
 - 4. třída
 - 5. třída
5. Jaký typ speciálních potřeb (onemocnění, zdravotní postižení) má Vaše dítě?
- Porucha pozornosti, ADD
 - Porucha pozornosti s hyperaktivitou, ADHD
 - Dyslexie
 - Dysgrafie
 - Dysortografie
 - Dyskalkulie
 - Dyslalie
 - Dysfázie
 - Afázie
 - Dyspraxie
 - Porucha chování
 - Porucha autistického spektra
 - Porucha zraku
 - porucha sluchu
 - Porucha intelektu
 - Tělesné postižení (např. dětská mozková obrna)
 - Epilepsie
 - Cukrovka
 - Obezita
 - Jiné
6. Jaká je velikost obce, ve které bydlíte? *
- Obec pod 2 000 obyvatel
 - Obec od 2 001 do 5 000 obyvatel
 - Obec od 5 001 do 10 000 obyvatel
 - Obec od 10 001 do 50 000 obyvatel
 - Obec od 50 001 do 100 000 obyvatel
 - Obec nad 100 000 obyvatel
7. Vaše dítě chodí do “spádové” školy v místě bydliště?
- Ano
 - Ne

A. KOMUNIKACE S UČITELEM

1. Jsem spokojen s tím, jak často komunikuji s učitelem tělesné výchovy (TV)

- Silně nesouhlasím
- Nesouhlasím
- Ani nesouhlasím ani souhlasím
- Souhlasím
- Silně souhlasím

2. Učitel/ka TV mě povzbuzuje, abych se účastnil rozhodování o programu tělovýchovy mého dítěte.

- Silně nesouhlasím
- Nesouhlasím
- Ani nesouhlasím ani souhlasím
- Souhlasím
- Silně souhlasím

3. Učitel/ka TV poskytuje užitečné informace o tělocvičných službách, které poskytuje mému dítěti.

- Silně nesouhlasím
- Nesouhlasím
- Ani nesouhlasím ani souhlasím
- Souhlasím
- Silně souhlasím

4. Učitel/ka TV průběžně informuje o pokroku mého dítěte.

- Silně nesouhlasím
- Nesouhlasím
- Ani nesouhlasím ani souhlasím
- Souhlasím
- Silně souhlasím

B. KVALIFIKACE UČITELE

1. Mám pocit, že učitel/ka TV je kvalifikovaný/á na to vyučovat děti se SVP.

- Silně nesouhlasím
- Nesouhlasím
- Nevím
- Souhlasím
- Silně souhlasím

2. Mám pocit, že TV vyučování se vždy přizpůsobuje potřebám mého dítěte.

- Silně nesouhlasím
- Nesouhlasím
- Nevím
- Souhlasím
- Silně souhlasím

3. Mám pocit, že současná výuka, která se poskytuje mému dítěti v tělesné výchově třídě, je přiměřená.

- Silně nesouhlasím
- Nesouhlasím
- Nevím
- Souhlasím
- Silně souhlasím

4. Mám pocit, že výuka, kterou poskytuje učitel/ka TV, musí být zlepšena.

- Silně nesouhlasím
- Nesouhlasím
- Nevím
- Souhlasím
- Silně souhlasím

C. VZTAH RODIČE A UČITELE TĚLESNÉ VÝCHOVY

1. Učitel/ka TV prokazuje ochotu lépe porozumět potřebám mého dítěte.

- Silně nesouhlasím
- Nesouhlasím
- Nevím
- Souhlasím
- Silně souhlasím

2. Učitel/ka TV ukazuje citlivost vůči potřebám mého dítěte.

- Silně nesouhlasím
- Nesouhlasím
- Nevím
- Souhlasím
- Silně souhlasím

3. Učitel/ka TV rozumí mým obavám ohledně výkonu mého dítěte ve škole.

- Silně nesouhlasím
- Nesouhlasím
- Nevím
- Souhlasím
- Silně souhlasím

4. Učitel/ka TV naslouchá a váží si mé starosti ohledně vzdělání mého dítěte.

- Silně nesouhlasím
- Nesouhlasím
- Nevím
- Souhlasím
- Silně souhlasím

D Doplnující otázky

1. Učitel se zajímá o zdravotní stav a kontraindikace mého dítěte.

- Silně nesouhlasím
- Nesouhlasím
- Nevím
- Souhlasím
- Silně souhlasím

2. Podporuje učitel nějakým způsobem pohybové aktivity během distančního vzdělávání (např. nabádá děti k pohybu, zadává jim také úkoly z tělesné výchovy atd.)?

- Ano
- Ne

3. Pokud jste na předchozí otázku odpověděli ano, jste spokojeni s tím, jak probíhá výuka TV v době distančního vzdělávání?

- Silně nesouhlasím
- Nesouhlasím
- Ani nesouhlasím ani souhlasím
- Souhlasím
- Silně souhlasím

Děkuji Vám za ochotu a čas věnovaný vyplnění této anonymní ankety.