# **Region III Head Start Administration for Children and Families**

# Evaluation of the I Am Moving, I Am Learning Enhancement

Summary Report Template for the Telephone Interview with Classroom Teachers/Home
Visitors
Spring 2007

Site: [Site ID]

Date of interview: [xx/xx/xx]

Interviewer: [Name]

## A. PROGRAM AND COMMUNITY CONTEXT

(Questions 1-7: How long they have been with this Head Start program; number of children in classroom or home visiting case load; if mixed-age classroom; full- or half-day session; other adults in classroom; percentage of English Language Learners and languages spoken; percentage of children with IEPs)

## **B. DESIGN AND PLANNING**

## **B.1 GOALS AND OBJECTIVES**

(Question 1: Understanding of goals and objectives)

## **B.2 DESIGN PROCESS**

(Question 2: Whether they were involved in design and planning of IM/IL enhancement, feedback offered; how receptive they were to IM/IL)

### C. INITIAL TRAINING

### C.1 CONTENT OF INITIAL TRAINING

(Questions 1-2: Whether training was conducted; who conducted the training; content and format of training; staff who received it; materials received at training; whether staff were trained on monitoring progress; enough guidance to intentionally implement IM/IL; adequacy of length/depth of training; if no formal training, how staff prepared to implement IM/IL)

### C.2 SUGGESTIONS FOR INITIAL TRAINING

(Question 1: Suggestions to improve initial training)

## D. IM/IL ENHANCEMENT ACTIVITIES

## **D.1 ENHANCEMENT ACTIVITIES**

(Questions 1-7: Kinds of activities provided in the three "target" areas [MVPA, structured movement, and healthy eating]; comparison of current activities to what they did prior to IM/IL; targeted audience(s); frequency, duration, and intensity of activities; materials and equipment used; where activities take place; reinforcement of IM/IL vocabulary; whether IM/IL has been incorporated into the existing curriculum—if so, how and if not, why; whether

activities are modified for English Language Learners or children with special needs, and if so, any resources consulted)

#### D.2 CLASSROOM/HOME CONTEXT

(Questions 8-11: Prevalence of overweight/underweight; whether they have discussed children's weight issues with parents, associated challenges; children's food choices; sedentary behavior)

## D.3 IMPLEMENTATION PROGRESS

(Questions 12-13: Impression of being a role model for children; change in their own behaviors; barriers to implementation)

## E. OUTREACH TO PARENTS

(Questions 1-4: Outreach strategies used; initial reaction of parents to IM/IL; any parent education efforts on IM/IL enhancement; whether they promote healthy eating to parents, and if so, how and how often; whether parents are implementing IM/IL in the home, and if so, how)

## F. ONGOING TECHNICAL ASSISTANCE AND CAPACITY BUILDING

(Questions 1-3: Whether they receive ongoing training or technical assistance, who provides the T/TA, topics covered; usefulness of T/TA; participation on IM/IL listserv; additional T/TA needed but not yet received; whether they formally track IM/IL implementation and measure outcomes; how outcomes are measured and how often)

### G. SUSTAINABILITY AND RESOURCES

(Questions 1-4: Any variations from initial implementation plan; how goals are reinforced and buy-in is sustained; how receptive families have been to IM/IL; challenges in obtaining participation from children and families)

# H. INITIAL SUCCESSES, CHALLENGES, AND LESSONS

#### H.1 SUCCESSES

(Questions 1, 3-5: Key successes; what children, staff, and families liked most about IM/IL)

### H.2 CHALLENGES

(Questions 2, 3-5: Key challenges; what children, staff, and families liked least about IM/IL)

## H.3 LESSONS LEARNED

(Questions 6-10: Changes to IM/IL enhancement; advice to other Head Start programs)

### I. WRAP UP

(Miscellaneous notes and comments)