1. Introduction

| * 2. Please select which State your school is in. | | |
|---|--|--|
| a. Please select which State | United States | |
| states/Territories | 6 | |
| . Please indicate your pos | tion/title/role in your school. | |
| Administrator | | |
| € Teacher | | |
| € Counselor | | |
| E Librarian | | |
| € Other | | |
| Other (please specify) | | |
| | a reservation? | |
| j _n Yes | i a reservation? | |
| jn Yes jn No | | |
| jn Yes jn No . Please check all that app | iy. | |
| jn Yes jn No 5. Please check all that app | ly. | |
| jn Yes jn No 5. Please check all that app © Elementary School | ly. | |
| jn Yes jn No 5. Please check all that app € Elementary School € Middle School | BIE Operated € Grant school | |
| jn Yes jn No 5. Please check all that app € Elementary School € Middle School € High School | BIE Operated ☐ Grant school ☐ Contract school | |
| jn Yes jn No 5. Please check all that app € Elementary School € Middle School € High School € Day School | BIE Operated Grant school Contract school Public Private | |

| t's Move! in Indian Country, School Survey Questions |
|---|
| 7. Has your school in the past, or does your school currently have, a partnership or working agreement(s) with any Federal, State or local land management agency/agencies? |
| j¹∩ Yes |
| jn No |
| 8. Please list the land management agencies your school has worked with or currently works with (if any) |
| <u>5</u> |
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3. Federal Nutrition Programs

| 1. F | Please check all that apply. |
|------|--|
| é | My school offers breakfast to students |
| ê | My school offers lunch to students |
| ê | My school provides snacks of fruits and vegetables to students during the school day outside of breakfast and lunch times |
| ē | My school provides meals to students during the summer or other long breaks when school is not in session |
| ē | My school has programming for children during the summer months but does not provide a meal associated with this activity |
| ē | My school provides after school snacks and/or an after school meal to students |
| ē | My school has after school programming (clubs, sports, etc.) but does not provide a snack or meal associated with these activities |
| ē | My school provides nutrition education to students |
| ê | My school has a fruit or/and vegetable garden |
| € | My school serves food acquired from local or regional producers to students |
| ē | My school has a competitive food element, such as vending machines |

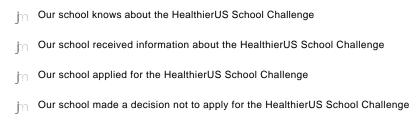
2. Through State government agencies, schools can implement a number of programs, which are eligible for reimbursement, to provide meals, snacks, as well as nutrition education materials. Please check all the programs in which your school participates.

| ē | National School Lunch Program |
|---|--|
| ê | School Breakfast Program |
| ê | Summer Food Service Program |
| ê | Fresh Fruits and Vegetables Program |
| ê | Child and Adult Care Food Program (after-school meal |
| ē | Team Nutrition (nutrition education curriculum) |
| ē | Use of MyPyramid materials |
| ê | BackPack Program |
| ê | Not sure |
| | |

3. Other than programs listed above, does your school currently receive funding or resources from State Government, Federal Government, or other entities, for specific food and/or nutrition programs (other than USDA Free and Reduced Meals Program)



4. The HealthierUS School Challenge is an awards program that recognizes schools participating in the National School Lunch Program, which provides a healthy environment for children through the promotion of healthy eating and physical activity. Please check all that apply.



| * , | Please select all of the answers relevant to your school and the Presidents Active |
|-----|--|
| I | Lifestyle Award(PALA)Challenge |

- We have received information about PALA
- We have previously participated in PALA
- We currently participate in PALA
- We do not participate in PALA

2. If your school DOES NOT participate in PALA, please select the answer most appropriate to your reason

| ē | We do not know about PALA |
|------|--|
| € | We do not have the personnel to manage additional projects |
| € | We do not have the infrastructure (i.e. gymnasium) |
| € | It is not a good fit for our school |
| Ē | Other |
| Othe | er (please specify) |



- 3. Our school would like to receive more information about the PALA.
 - Yes
 - € No

| . Carol M. White Physical Education Program (PEPS) |
|---|
| * 1. Please select all of the answers relevant to your school and the Carol M. White Physical Education Program (PEPS) |
| j ∩ We have received information about PEPS |
| jn We have previously participated in PEPS |
| jn We currently participate in PEPS |
| jn We do not participate in PEPS |
| 2. If you are participating in PEPS, when does the funding expire? |
| Date MM DD YYYY Date |
| 3. If your school DOES participate in PEPS, please describe the project the funds were for, including funds provided and when those funds were received |
| 6 |
| 4. If your school DOES NOT participate in PEPS, which situation is most relevant? |
| € We applied for PEPS, but did not receive funding |
| We have never applied for a PEPS grant |
| 5. If your school applied, but DID NOT receive funding, please explain the reason you were denied: |
| 5 |
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| 6. If you have never applied for PEPS, please select the answers most relevant to you | ur |
|---|----|
| reason | |

| ē | We did not know about PEPS |
|------|--|
| é | We do not have the capacity/skills to write grants |
| é | We do not have personnel to manage additional projects |
| é | It is not a good fit for our schools |
| é | Other |
| Othe | er (please specify) |
| | 5 |
| | 6 |
| | |

7. Our school would like to receive more information about PEPS.

| 6 | Yes |
|---|-----|
| | |

€ No

| 6. | Physical Education Curriculum |
|-----------|---|
| * | 1. Please select the choices most relevant to your school |
| | jn We use a specific physical education curriculum |
| | jn We had previously used a specific physical education curriculum, but no longer do |
| | jn We have never used a specific physical education curriculum |
| | 2. What is the name of the physical education curriculum your school uses or has |
| | used? 5 6 |
| | 3. If you have stopped using a specific physical education curriculum, or have never used one, please elaborate on your reasons |
| | 5 |
| | 4. Our school would like to receive more information about physical education curricula. |
| | € Yes |
| | € No |
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| 7. Diabetes | Education | in Tribal S | chools C | Curriculum | (DETS) |
|-------------|------------------|-------------|----------|------------|--------|
|-------------|------------------|-------------|----------|------------|--------|

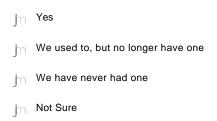
| . Diabetes Education in Tribai Schools Curriculum (DE13) |
|---|
| * 1. Please select all of the answers relevant to your school and the Diabetes Education in Tribal Schools Curriculum (DETS) |
| We have received information about DETS |
| We have previously participated in DETS |
| We currently participate in DETS |
| € We do not participate in DETS |
| 2. If your school no longer or has never participated in the DETS program, please select all answers that apply |
| € We did not know about DETS |
| We do not have the resources to support the curriculum |
| We do not have the personnel to manage additional projects |
| € It is not a good fit for our school |
| € Other |
| Other (please specify) |
| |
| 3. Our school would like to receive additional information about the DETS. |
| € Yes |
| € No |
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8. Wellness Policies

| 1. Do any local health programs (IHS, tribal, other) provide any wellness/prevention |
|--|
| services in your school, either during school hours or after school? If so, please specify |
| both the health program and the service(s) provided. |
| |



* 2. Does your school currently have a Health and/or Wellness Policy?



3. If you DO have a health and/or wellness policy, please briefly describe its content



4. If you DO NOT have a health and/or wellness policy, what has prevented your school from implementing one?

| é | Do not know about wellness policies |
|------|--|
| ē | Do not have resouces to manage additional projects |
| ē | Not a good fit for our schools |
| € | Other |
| Othe | er (please specify) |

Let's Move! in Indian Country, School Survey Questions 9. Safe Rides 1. If your school buses students, what is the maximum busing distance? 2. If your school DOES NOT bus students, please best explain how they get to school: * 3. Please select all of the answers relevant to your school and the Safe Routes to **School Program** We have received information about the Safe Routes to School Program We have previously participated in the Safe Routes to School Program We currently participate in the Safe Routes to School Program We do not participate in the Safe Routes to School Program 4. If your school DOES participate in the Safe Routes to School Program, please describe the project the funds were for, including funds provided and when those funds were received 5. If your school DOES NOT participate in the Safe Routes to School Program, please select the answer(s) that best describe what has prevented your school from applying or re-applying to receive Safe Routes to School funding? Do not know about Safe Routes to School Do not have capacity/skill to write grant Do not have personnel to manage additional projects Not elligible for the Safe Routes to School Program funding Other Other (please specify)

| Our school w rogram. | ould like to re | ceive more in | formation abo | out the Safe Ro | outes to School |
|-------------------------|-----------------|---------------|---------------|-----------------|-----------------|
| Yes | | | | | |
| No | | | | | |
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| 10. Corporation for National Community | y Service (| CNCS) |
|--|-------------|-------|
|--|-------------|-------|

| . Corporation for National Community Service (CNCS) |
|---|
| 1. Has your school ever used the Corporation for National Community Service (CNCS), including AmeriCorps, Learn and Serve American, Senior Corps, or VISTA members? |
| j _{'∩} Yes |
| j₁∩ No |
| j ∩ Not Sure |
| 2. If your school HAS used or DOES use any of the CNCS programs as listed in question 1 in this section, please elaborate to what extent: |
| 6 |
| 3. If your school has NEVER used any of the CNCS programs as listed in question 1 in this section, please select all that apply |
| € Do not know about CNCS |
| © Do not have capacity/skill to write grant |
| © Do not have personnel to manage additional projects |
| ⊕ Do not have funds for CNCS |
| € Other |
| Other (please specify) |
| |
| 4. Our school would like to receive more information about CNCS programs. |
| € Yes |
| € No |
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11. Future Help

| . г | ruture neip | | | | |
|-----|--|--|--|--|--|
| | 1. Is your school interested in technical assistance? If so, please select the focus areas you would be interested in: | | | | |
| ê | € Not interested | | | | |
| ē | © Creating a Healthier School Environment | | | | |
| ê | € Increasing Access to Healthy, Affordable Food | | | | |
| ê | € Increasing Physical Activity | | | | |
| Ē | € Creating Healthy, Comprehensive Food Systems Policies | | | | |
| é | Creating a School Fruit and Vegetable Garden | | | | |
| ē | © Community/Parental involvement in promotion programs | | | | |
| Oth | Other (please specify) | | | | |
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| Let | Let's Move! in Indian Country, School Survey Questions | | |
|-----|---|--|--|
| 12. | . Other | | |
| | 1. Please indicate any additional comments or suggestions that you may have to assist with the development of the Let's Move! in Indian Country initiative. | | |
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| Let's Move! in Indian Country, School Survey Questions |
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| 13. Thank You! |
| Thank you for participating in our survey. We greatly appreciate your time and are excited about the opportunity to help your schools. |
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