

Let's Move! in Indian Country, School Survey Questions

1. Introduction

OMB Control No. 1076-0XXX

Expires: _____

An interagency collaboration between the First Lady's Let's Move! Initiative, the Departments of the Interior (AS-IA, Bureau of Indian Affairs, and Bureau of Indian Education), Agriculture, Health and Human Services (IHS), and Education has been formed to reduce disproportionately high obesity rates and improve the health of Native youth. This survey is designed to determine what resources are already available at schools in Indian Country and those serving significant populations of Native youth and more importantly what further resources are needed in order to create healthy school environments for all students.

Questions with an asterisk * in front of the question number must be answered in order to complete the survey

Paperwork Reduction Act Statement: This form is covered by the Paperwork Reduction Act. It is used to collect information regarding what resources are already available at schools in Indian Country and those serving significant populations of Native youth and what further resources are needed in order to create healthy school environments for all students. The information is provided by respondents voluntarily. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and an expiration date. The number and expiration date are at the top left corner of the form. An agency may not sponsor or conduct, and a person is not required to respond to, a request for information unless it displays a currently valid OMB Control Number. The public reporting burden is estimated to average 1 hour per respondent. This includes the time needed to understand the questions, gather the information, complete and submit the form. Comments regarding the burden or other aspects of the form may be directed to the Indian Affairs Information Collection Clearance Officer, Office of Regulatory Affairs – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.

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2. Background Information

* 1. Please tell us what school you are representing.

* 2. Please select which State your school is in.

United States

States/Territories

* 3. Please indicate your position/title/role in your school.

Administrator

Teacher

Counselor

Librarian

Other

Other (please specify)

* 4. Is your school located on a reservation?

Yes

No

* 5. Please check all that apply.

Elementary School

BIE Operated

Middle School

Grant school

High School

Contract school

Day School

Public

Boarding School

Private

* 6. Total number of students attending school.

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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?

Yes

No

8. Please list the land management agencies your school has worked with or currently works with (if any)

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3. Federal Nutrition Programs

1. Please check all that apply.

- My school offers breakfast to students
- My school offers lunch to students
- My school provides snacks of fruits and vegetables to students during the school day outside of breakfast and lunch times
- My school provides meals to students during the summer or other long breaks when school is not in session
- My school has programming for children during the summer months but does not provide a meal associated with this activity
- My school provides after school snacks and/or an after school meal to students
- My school has after school programming (clubs, sports, etc.) but does not provide a snack or meal associated with these activities
- My school provides nutrition education to students
- My school has a fruit or/and vegetable garden
- My school serves food acquired from local or regional producers to students
- 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.

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

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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)

Yes

No

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.

Our school knows about the HealthierUS School Challenge

Our school received information about the HealthierUS School Challenge

Our school applied for the HealthierUS School Challenge

Our school made a decision not to apply for the HealthierUS School Challenge

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4. President's Active Lifestyle Award Challenge (PALA)

*** 1. Please select all of the answers relevant to your school and the Presidents Active 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

- 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
- Other

Other (please specify)

3. Our school would like to receive more information about the PALA.

- Yes
- No

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5. 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)**

We have received information about PEPS

We have previously participated in PEPS

We currently participate in PEPS

We do not participate in PEPS

2. If you are participating in PEPS, when does the funding expire?

Date MM / DD / YYYY

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

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:

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6. If you have never applied for PEPS, please select the answers most relevant to your reason

- We did not know about PEPS
- We do not have the capacity/skills to write grants
- We do not have personnel to manage additional projects
- It is not a good fit for our schools
- Other

Other (please specify)

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

- Yes
- No

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6. Physical Education Curriculum

* 1. Please select the choices most relevant to your school

We use a specific physical education curriculum

We had previously used a specific physical education curriculum, but no longer do

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?

3. If you have stopped using a specific physical education curriculum, or have never used one, please elaborate on your reasons

4. Our school would like to receive more information about physical education curricula.

Yes

No

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7. Diabetes Education in Tribal Schools Curriculum (DETS)

* **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?

Yes

We used to, but no longer have one

We have never had one

Not Sure

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?

Do not know about wellness policies

Do not have resources to manage additional projects

Not a good fit for our schools

Other

Other (please specify)

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9. Safe Rides

1. If your school buses students, what is the maximum busing distance?

Miles

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 eligible for the Safe Routes to School Program funding
- Other

Other (please specify)

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6. Our school would like to receive more information about the Safe Routes to School Program.

Yes

No

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10. 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?

Yes

No

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:

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

1. Is your school interested in technical assistance? If so, please select the focus areas you would be interested in:

- Not interested
- Creating a Healthier School Environment
- Increasing Access to Healthy, Affordable Food
- Increasing Physical Activity
- Creating Healthy, Comprehensive Food Systems Policies
- Creating a School Fruit and Vegetable Garden
- Community/Parental involvement in promotion programs

Other (please specify)

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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.

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.