**Evaluation of the**

**Carol M. White**

**Physical Education Program (PEP)**

**—**

**Survey of 2010**

**Community-based Organizations**

**Grant Recipients**

**—**

**Year 3**

**—**

**U.S. Department of Education**

**Survey of 2010 PEP**

**PEP Community-based Organizations (CBO)**

**Grant Recipients: Year 3**

### Introduction

The U.S. Department of Education’s Policy and Program Studies Service (PPSS) is conducting an evaluation of the Carol M. White Physical Education Program (PEP). As part of this evaluation, this survey asks about the design and implementation of your PEP grant. Your input is critical to understanding the implementation of PEP projects.

### Survey Instructions

The survey will take approximately 60 minutes to complete. Not all items in the survey may apply to your PEP grant. Please follow the skip patterns noted next to particular items as you complete the survey – they will tell you whether or not you should skip ahead to a later question. If there is not an arrow next to your response and there is no indication that you should skip ahead, then just continue to the next item.

While this survey is designed for Project Directors of PEP grants, if necessary, please share the survey with other staff members knowledgeable about the project to ensure that the most complete and accurate information is recorded.

As a recipient of a PEP grant, your participation in the study is required under ESEA, Sec. 9306(a) (4). Your responses will be aggregated when presenting findings to the U.S. Department of Education (ED) and for reporting purposes.

### Returning the Survey

When you have completed the survey, **please return it to the email address provided no later than DATE**. If you have any questions about the study or would like to request a paper copy of the survey with a pre-addressed, pre-paid envelope, please feel free to contact Ms. Andrea Coombes, Survey Coordinator, by mail, phone, or email:

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***We look forward to receiving your responses and thank you in advance for your cooperation.***

**Background**

|  |  |
| --- | --- |
| 1. | Have you been the Project Director of your PEP grant since its award in 2010? |
|  | a. Yes  | ❑ |  | **Skip to 4** |
|  | b. No  | ❑ |  |  |

|  |  |
| --- | --- |
| 2. | When did you become the Project Director for your PEP grant? |

|  |  |  |
| --- | --- | --- |
|  | MM | YYYY |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 3. | How many individuals, including you, have served as a Project Director for your PEP grant since its award in 2010? |
|  |  | Number of Project Directors |

|  |  |
| --- | --- |
| 4. | What is your current occupation? |

|  |  |
| --- | --- |
| Occupation | Check all that apply |
| a. Project Director for a Carol M. White Physical Education Program (PEP) grant | ❑ |
| b. CEO/president/executive director/administratorPlease specify your job title:  | ❑ |
| c. Branch/program director/coordinator Please specify your job title:  | ❑ |
| d. Financial coordinator/director/officer Please specify your job title:  | ❑ |
| e. Project director/coordinator Please specify your area(s):

|  |  |
| --- | --- |
| Area | Check all that apply |
| 1. Athletic | ❑ |
| 2. Child care/family | ❑ |
| 3. Grants | ❑ |
| 4. Health & wellness | ❑ |
| 5. Marketing | ❑ |
| 6. Other, please specify:  | ❑ |

 | ❑ |
| f. Instructor/teacher Please specify school level(s):

|  |  |
| --- | --- |
| School level | Check all that apply |
| 1. Elementary | ❑ |
| 2. Middle | ❑ |
| 3. Secondary | ❑ |
| 4. College/university | ❑ |
| 5. Other, please specify:  | ❑ |

 | ❑ |
| g. Health care professional (e.g., counselor, nurse, physician, psychologist)Please specify your job title:  | ❑ |
| h. Other, please specify:  | ❑ |

|  |  |
| --- | --- |
| 5. | Is your PEP grant project on schedule to be completed within the 3 year grant cycle? |
|  | a. Yes  | ❑ |  | **Skip to 7** |
|  | b. No  | ❑ |  |  |

|  |  |
| --- | --- |
| 6. | Did or will your PEP grant project apply for an extension? |
|  | a. Yes  | ❑ |
|  | b. No  | ❑ |

**PEP Grant Target Population**

|  |  |
| --- | --- |
| 7. | How many youth has your PEP grant served to date? |
|  | Total number of youth:  |

|  |  |
| --- | --- |
| 8. | Please indicate the number of youth your PEP grant has been able to serve within each age group to date. If your PEP grant did not target or serve a given group, indicate “0.” |

|  |  |
| --- | --- |
| Age group | Number of youth served  |
| a. 10 years of age and younger | \_\_\_ |
| b. 11 to 13 years of age | \_\_\_ |
| c. 14 to 17 years of age | \_\_\_ |
| d. 18 years of age and older | \_\_\_ |

|  |  |
| --- | --- |
| 9. | Was there a particular segment of your PEP grant population that was more difficult to serve than others? |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 11** |

|  |  |
| --- | --- |
| 10. | Please describe the segment of your PEP grant population that has been more difficult to serve and why. |
|  |  |
|  |
|  |

**PEP Grant Design and Implementation**

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| --- |
| The following series of questions asks about the implementation of your PEP grant’s activities. As this survey is designed for the entire group of PEP grant recipients, it is likely that your particular PEP grant did not implement or plan to implement some of the listed activities. For these items, please indicate the appropriate response (e.g., “not addressed,” “not implemented”). |

|  |  |
| --- | --- |
| 11. | How were the needs for your PEP grant assessed?  |

|  |  |  |  |
| --- | --- | --- | --- |
| Method | Check all that apply |  |  |
| a. School Health Index (SHI) | ❑ |  |  |
| b. Tool developed by your CBO | ❑ |  | **Skip to 15** |
| c. Other, please specify:  | ❑ |  | **Skip to 15** |

|  |  |
| --- | --- |
| 12. | Using the scale below, please indicate the extent to which your PEP grant has addressed your CBO’s and, if applicable, LEA partner’s policies and practices areas that were in need of improvement, as identified by the School Health Index (SHI) self-assessment tool. If an area was not identified as an area in need of improvement, indicate “0.”  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **0** | **1** | **2** | **3** | **4** |
| Not identified as an area in need of improvement  | Not addressed | Partially addressed | Mostly addressed | Fully addressed |

|  |  |
| --- | --- |
| Area  | Select one per row |
| a. School health and safety policies and environment | 0 | 1 | 2 | 3 | 4 |
| b. Health education | 0 | 1 | 2 | 3 | 4 |
| c. Physical education and other physical activity programs | 0 | 1 | 2 | 3 | 4 |
| d. Nutrition services | 0 | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 13. | Has your PEP grant reevaluated the four modules of the SHI since the grant application? |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 16** |

|  |  |
| --- | --- |
| 14. | Please provide the most recent **module scores** from the overall score cards for the four modules of the SHI.  |

| Area | Module Score |
| --- | --- |
| a. School health and safety policies and environment | \_\_\_\_ |
| b. Health education | \_\_\_\_ |
| c. Physical education and other physical activity programs | \_\_\_\_ |
| d. Nutrition services | \_\_\_\_ |

**Skip to 16**

|  |  |
| --- | --- |
| 15. | Using the scale below, please indicate the extent to which your PEP grant has addressed your CBO’s and, if applicable, LEA partner’s policies and practices areas that were in need of improvement, as identified by your needs assessment conducted for the PEP grant application.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| Not addressed | Partially addressed | Mostly addressed | Fully addressed |

|  |  |
| --- | --- |
| 16. | Using the scale below, please indicate the extent to which your PEP grant has focused on the following **physical fitness** components.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Nofocus | **2**Minimalfocus | **3**Moderatefocus  | **4**Significantfocus |

|  |  |
| --- | --- |
| Physical fitness component | Select one per row |
| a. Fitness education and assessment to help students understand, improve, or maintain their physical well-being | 1 | 2 | 3 | 4 |
| b. Instruction in a variety of motor skills and physical activities designed to enhance the physical, mental, and social or emotional development of every student | 1 | 2 | 3 | 4 |
| c. Development of, and instruction in, cognitive concepts about motor skills and physical fitness that support a lifelong healthy lifestyle | 1 | 2 | 3 | 4 |
| d. Opportunities to develop positive social and cooperative skills through physical activity participation | 1 | 2 | 3 | 4 |
| e. Opportunities for professional development for teachers of physical education to stay abreast of the latest research, issues, and trends in the field of physical education | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 17. | Using the scale below, please indicate the extent to which your PEP grant has implemented various **physical** activities. |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Notimplemented | **2**Partiallyimplemented | **3**Mostlyimplemented | **4**Fullyimplemented |

|  |  |
| --- | --- |
| Physical activity | Select one per row |
| a. Develop or redesign physical education (PE) policies  | 1 | 2 | 3 | 4 |
| b. Create a new physical education program | 1 | 2 | 3 | 4 |
| c. Improve an existing physical education program | 1 | 2 | 3 | 4 |
| d. Improve physical education instruction related to physical fitness | 1 | 2 | 3 | 4 |
| e. Improve physical education instruction specific to physical activity | 1 | 2 | 3 | 4 |
| f. Improve physical education instruction related to cognitive concepts | 1 | 2 | 3 | 4 |
| g. Improve personnel/staff capacity to provide physical education instruction (e.g., professional development) | 1 | 2 | 3 | 4 |
| h. Improve youth engagement in physical activities external to school-based curricula | 1 | 2 | 3 | 4 |
| i. Increase family involvement in youth physical fitness | 1 | 2 | 3 | 4 |
| j. Promote social and cooperative skills in physical fitness | 1 | 2 | 3 | 4 |
| k. Other, please specify:  | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 18. | Using the scale below, please indicate the extent to which your PEP grant has implemented various **healthy eating habits and good nutrition** activities. |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Notimplemented | **2**Partiallyimplemented | **3**Mostlyimplemented | **4**Fullyimplemented |

|  |  |
| --- | --- |
| Healthy eating habits and good nutrition activity | Select one per row |
| a. Promote nutrition awareness to parents and communities (e.g., seminars, nutrition information flyers) | 1 | 2 | 3 | 4 |
| b. Integrate nutrition education and nutritional themes into subject areas | 1 | 2 | 3 | 4 |
| c. Develop new curricula for nutrition education | 1 | 2 | 3 | 4 |
| d. Revise/expand existing curricula for nutrition education | 1 | 2 | 3 | 4 |
| e. Integrate school food service and nutrition education | 1 | 2 | 3 | 4 |
| f. Provide nutrition education pre-service and ongoing in-service training to instructors and staff  | 1 | 2 | 3 | 4 |
| g. Involve parents and the community in supporting nutrition education | 1 | 2 | 3 | 4 |
| h. Improve instruction on nutrition education | 1 | 2 | 3 | 4 |
| i. Provide training for instructors/staff to identify unhealthy eating behaviors in youth and make referrals to appropriate services | 1 | 2 | 3 | 4 |
| j. Facilitate coordination between food service and classroom instruction | 1 | 2 | 3 | 4 |
| k. Encourage healthy eating habits in after-school programs | 1 | 2 | 3 | 4 |
| l. Establish a district-wide nutrition education committee | 1 | 2 | 3 | 4 |
| m. Other, please specify:  | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 19. | Has your PEP grant project developed, revised, or enhanced physical education and/or nutrition education curricula?  |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 24** |

|  |  |
| --- | --- |
| 20. | Has your PEP grant project used the Physical Education Curriculum Analysis Tool (PECAT) to inform curricula development and/or changes?  |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 22** |

|  |  |
| --- | --- |
| 21. | Please indicate how useful the PECAT was in developing and/or implementing **physical education curricula**. If your PEP grant has not addressed a specific area of curricula development, indicate “0.”  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **0** | **1** | **2** | **3** | **4** |
|  | Not used  | Not useful | Slightlyuseful | Moderatelyuseful | Extremely useful |

|  |  |
| --- | --- |
| Curricula development area | Select one per row |
| a. Assessing the accuracy of the health, medical, and scientific information in written curriculum | 0 | 1 | 2 | 3 | 4 |
| b. Determining whether the curriculum content matches national standards | 0 | 1 | 2 | 3 | 4 |
| c. Determining whether there are protocols matched with each national standard to guide the assessments of student skills and abilities | 0 | 1 | 2 | 3 | 4 |
| d. Analyzing curriculum alignment with social norms among youth, families, and community members | 0 | 1 | 2 | 3 | 4 |
| e. Assessing affordability of curriculum  | 0 | 1 | 2 | 3 | 4 |
| f. Determining if curriculum content, materials, and instructional strategies can be successfully implemented by instructors within available time and with existing facilities and equipment | 0 | 1 | 2 | 3 | 4 |
| g. Creating a PE curriculum revision or development committee | 0 | 1 | 2 | 3 | 4 |
| h. Developing new lessons, lesson plans, or learning activities | 0 | 1 | 2 | 3 | 4 |
| i. Developing new youth assessment protocols to align with existing or new lessons, lesson plans, or learning activities | 0 | 1 | 2 | 3 | 4 |
| j. Developing a scope and sequence | 0 | 1 | 2 | 3 | 4 |
| k. Informing and/or changing PE policy, funding, or staffing | 0 | 1 | 2 | 3 | 4 |
| l. Other, please specify:  | 0 | 1 | 2 | 3 | 4 |

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| --- | --- |
| 22. | Has your PEP grant project used the healthy eating module of the Health Education Curriculum Analysis Tool (HECAT) to inform curricula development and/or changes?  |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 24** |

|  |  |
| --- | --- |
| 23. | Please indicate how useful the HECAT was in developing and/or implementing **nutrition-related** **education curricula**. If your PEP grant has not addressed a specific area of curricula development, indicate “0.”  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **0** | **1** | **2** | **3** | **4** |
|  | Not used  | Not useful | Slightlyuseful | Moderatelyuseful | Extremelyuseful |

|  |  |
| --- | --- |
| Curricula development area | Select one per row |
| a. Assessing the accuracy of the health, medical, and scientific information in written curriculum | 0 | 1 | 2 | 3 | 4 |
| b. Determining whether the curriculum content matches national standards | 0 | 1 | 2 | 3 | 4 |
| c. Determining whether there are protocols matched with each national standard to guide the assessments of student skills and abilities | 0 | 1 | 2 | 3 | 4 |
| d. Analyzing curriculum alignment with social norms among youth, families, and community members | 0 | 1 | 2 | 3 | 4 |
| e. Assessing affordability of curriculum  | 0 | 1 | 2 | 3 | 4 |
| f. Determining if curriculum content, materials, and instructional strategies can be successfully implemented by teachers within available time and with existing facilities and equipment | 0 | 1 | 2 | 3 | 4 |
| g. Creating a nutrition-related curriculum revision or development committee | 0 | 1 | 2 | 3 | 4 |
| h. Developing new lessons, lesson plans, or learning activities | 0 | 1 | 2 | 3 | 4 |
| i. Developing new youth assessment protocols to align with existing or new lessons, lesson plans, or learning activities | 0 | 1 | 2 | 3 | 4 |
| j. Developing a scope and sequence | 0 | 1 | 2 | 3 | 4 |
| k. Informing and/or changing nutrition-related policy, funding, or staffing | 0 | 1 | 2 | 3 | 4 |
| l. Other, please specify:  | 0 | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 24. | Using the scale below, please indicate the extent to which your PEP grant has implemented any of the following actions related to **physical activity** **policies**.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Notimplemented | **2**Partiallyimplemented | **3**Mostlyimplemented | **4**Fullyimplemented |

|  |  |
| --- | --- |
| Policy action | Select one per row |
| a. Developed new policies | 1 | 2 | 3 | 4 |
| b. Revised or expanded covered areas in current policies | 1 | 2 | 3 | 4 |
| c. Updated mandates of the current policies according to state/federal standards | 1 | 2 | 3 | 4 |
| d. Improved implementation of physical education policies | 1 | 2 | 3 | 4 |
| e. Strengthened policy review  | 1 | 2 | 3 | 4 |
| f. Strengthened policy monitoring | 1 | 2 | 3 | 4 |
| g. Other, please specify:  | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 25. | Using the scale below, please indicate the extent to which **physical activity policy elements** have changed as a result of your PEP grant.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Nochanges | **2**Minorchanges | **3**Moderatechanges | **4**Significantchanges |

|  |  |
| --- | --- |
| Physical activity policy element | Select one per row |
| a. Require the use of a standards-based sequential physical education (PE) curriculum | 1 | 2 | 3 | 4 |
| b. Require daily PE classes | 1 | 2 | 3 | 4 |
| c. Require that students are physically active for at least 50% of PE class time | 1 | 2 | 3 | 4 |
| d. Require that all PE classes are taught by credentialed, certified, and/or licensed PE instructors | 1 | 2 | 3 | 4 |
| e. Require daily recess periods | 1 | 2 | 3 | 4 |
| f. Recommend or offer physical activity through before- and/or after-school programs (e.g., clubs, intramurals) | 1 | 2 | 3 | 4 |
| g. Require the establishment of safer routes to school through coordination with the community | 1 | 2 | 3 | 4 |
| h. Require annual professional development and/or training for PE teachers | 1 | 2 | 3 | 4 |
| i. Require and provide training to teachers on how to incorporate physical activity into the classroom | 1 | 2 | 3 | 4 |
| j. Other, please specify:  | 1 | 2 | 3 | 4 |

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| --- | --- |
| 26. | Using the scale below, please indicate the extent to which your PEP grant has implemented any of the following actions related to **food- and nutrition-related policies**.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Notimplemented | **2**Partiallyimplemented | **3**Mostlyimplemented | **4**Fullyimplemented |

|  |  |
| --- | --- |
| Policy action | Select one per row |
| a. Developed new policies | 1 | 2 | 3 | 4 |
| b. Revised or expanded covered areas in current policies | 1 | 2 | 3 | 4 |
| c. Updated mandates of the current policies according to state/federal standards | 1 | 2 | 3 | 4 |
| d. Improved implementation of physical education policies | 1 | 2 | 3 | 4 |
| e. Strengthened policy review  | 1 | 2 | 3 | 4 |
| f. Strengthened policy monitoring | 1 | 2 | 3 | 4 |
| g. Other, please specify:  | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 27. | Using the scale below, please indicate the extent to which **food- and nutrition-related policy elements** have changed as a result of your PEP grant.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Nochanges | **2**Minorchanges | **3**Moderatechanges | **4**Significantchanges |

|  |  |
| --- | --- |
| Food- and nutrition-related policy element | Select one per row |
| a. Require the use and integration of a standards-based nutrition education curriculum into exiting health education | 1 | 2 | 3 | 4 |
| b. Increase consistent access to free, potable water for students | 1 | 2 | 3 | 4 |
| c. Require the integration of nutrition/healthy eating concepts into other academic subjects (e.g., science, language arts) | 1 | 2 | 3 | 4 |
| d. Require annual professional development and/or training for teachers/staff who provide nutrition education | 1 | 2 | 3 | 4 |
| e. Require annual professional development and/or training for nutrition services staff | 1 | 2 | 3 | 4 |
| f. Require the adoption and implementation of strong nutrition standards for all foods sold and served in schools (e.g., vending machines, school stores, fundraisers, classroom parties) | 1 | 2 | 3 | 4 |
| g. Reduce availability of foods of minimal nutritional value (FMNV) | 1 | 2 | 3 | 4 |
| h. Restrict the marketing of unhealthy foods on school campuses | 1 | 2 | 3 | 4 |
| i. Other, please specify:  | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 28. | Using the scale below, please indicate the extent to which your PEP grant’s goals and activities have aligned with your LEA’s local wellness policy. If your LEA did not have a local wellness policy and your PEP grant did not adopt or develop a local wellness policy, please indicate “0.”  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **0** | **1** | **2** | **3** | **4** |
| Did not have a local wellness policy | Not at allaligned | Partially aligned | Mostly aligned | Fully aligned |

|  |  |
| --- | --- |
| 29. | Using the scale below, please indicate the extent to which your PEP grant has used the various technologies.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Did notuse | **2**Rarelyused | **3**Moderatelyused | **4**Frequentlyused |

|  |  |
| --- | --- |
| Technology | Select one per row |
| a. Computers for instructors/staff (specifically affiliated with grant-related activities) | 1 | 2 | 3 | 4 |
| b. Exergaming Please specify type(s):

|  |  |
| --- | --- |
| Exergame | Check all that apply |
| 1. Dance Dance Revolution | ❑ |
| 2. Wii | ❑ |
| 3. Other, please specify:  | ❑ |

 | 1 | 2 | 3 | 4 |
| c. HopSports | 1 | 2 | 3 | 4 |
| d. Smart Boards | 1 | 2 | 3 | 4 |
| e. Foot cameras | 1 | 2 | 3 | 4 |
| f. Electronic devices (e.g., heart rate monitor, accelerometer) | 1 | 2 | 3 | 4 |
| g. Personal fitness tracking software | 1 | 2 | 3 | 4 |
| h. Other, please specify:  | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 30. | Please provide the percent of your PEP grant’s **entire budget to date** that has been allocated to the various types of technologies. If none have been used, please indicate “0.” |
|  |  | % of Budget |

|  |  |
| --- | --- |
| 31. | Has your PEP project offered and engaged in professional development activities over the course of the grant period to date? |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 34** |

|  |  |
| --- | --- |
| 32. | Please indicate the professional development topics that have been offered by your PEP project over the course of the grant period to date.  |

|  |  |
| --- | --- |
| Professional development topic | Check all that apply |
| a. Curricula development or improvement | ❑ |
| b. Pedagogy training | ❑ |
| c. Research in good nutrition | ❑ |
| d. Research in physical education | ❑ |
| e. Technology or equipment related | ❑ |
| f. Instructional strategies | ❑ |
| g. Student assessment | ❑ |
| h. Other, please specify:  | ❑ |

|  |  |
| --- | --- |
| 33. | Please provide the percent of your PEP grant’s **entire budget to date** that has been allocated to professional development.  |
|  |  | % of Budget |

**Collaborations and Partnerships**

|  |  |
| --- | --- |
| 34. | Did your PEP grant application include an **official partner agreement**? |
| a. Yes  | ❑ |  |  |
| b. No  | ❑ |  | **Skip to 42** |

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| --- | --- |
| 35. | Please identify the type of community entities that your PEP project partnered with **as part of an official partner agreement** andindicate if they did not continue the partnership to date. In addition, using the scale provided, please specify the average level of involvement each had in implementing your PEP grant project. |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**No involvement | **2**Minorinvolvement | **3**Moderateinvolvement | **4**Significantinvolvement |

|  |  |  |  |
| --- | --- | --- | --- |
| Community entity | Official partner | Left partnership | Involvement |
| Check all that apply | Check all that apply | Select one per row |
| a. College or university  | ❑ | ❑ | 1 | 2 | 3 | 4 |
| b. LEA(s) | ❑ | ❑ | 1 | 2 | 3 | 4 |
| c. External evaluation/monitoring agency | ❑ | ❑ | 1 | 2 | 3 | 4 |
| d. Head of the local government where your CBO is located | ❑ | ❑ | 1 | 2 | 3 | 4 |
| e. Hospital or clinic | ❑ | ❑ | 1 | 2 | 3 | 4 |
| f. LEA’s food service or child nutrition director | ❑ | ❑ | 1 | 2 | 3 | 4 |
| g. Local or State public health department/board of public health | ❑ | ❑ | 1 | 2 | 3 | 4 |
| h. Public park or recreational authority | ❑ | ❑ | 1 | 2 | 3 | 4 |
| i. Other CBOs | ❑ | ❑ | 1 | 2 | 3 | 4 |
| j. Other local public health entity | ❑ | ❑ | 1 | 2 | 3 | 4 |
| k. Other State or local government department | ❑ | ❑ | 1 | 2 | 3 | 4 |
| l. Other, please specify:  | ❑ | ❑ | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 36. | Using the scale below, please indicate the average level of involvement your PEP grant partners have had in the following areas over the course of your PEP grant.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Noinvolvement | **2**Minorinvolvement | **3**Moderateinvolvement  | **4**Significantinvolvement |

|  |  |
| --- | --- |
| Area | Select one per row |
| a. Fitness education and assessment | 1 | 2 | 3 | 4 |
| b. Instruction in healthy eating habits and good nutrition | 1 | 2 | 3 | 4 |
| c. Instruction in motor skills and physical activities | 1 | 2 | 3 | 4 |
| d. Instruction in cognitive concepts about motor skills and physical fitness | 1 | 2 | 3 | 4 |
| e. Policy development  | 1 | 2 | 3 | 4 |
| f. Providing nutrition services | 1 | 2 | 3 | 4 |
| g. Providing opportunities for youth to develop positive social and cooperative skills through physical activity participation | 1 | 2 | 3 | 4 |
| h. Providing staff/instructors with professional development opportunities related to nutrition or physical fitness | 1 | 2 | 3 | 4 |
| i. Other, please specify:  | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 37. | Please indicate any benefits related to your PEP grant’s partnerships.  |

|  |  |
| --- | --- |
| Benefit | Check all that apply |
| a. Allowed personnel to focus on specific areas of expertise | ❑ |
| b. Built upon knowledge base | ❑ |
| c. Provided capability to reach more of the targeted population | ❑ |
| d. Contributed additional personnel | ❑ |
| e. Offered access to additional resources | ❑ |
| f. Provided additional funding, either directly or through funding opportunities | ❑ |
| g. Interested in collaborating to sustain PEP activities after the grant cycle ends | ❑ |
| h. Other, please specify:  | ❑ |

|  |  |
| --- | --- |
| 38. | Please describe any factors that have facilitated your PEP grant’s partnership relationship(s). |
|  |  |
|  |
|  |

|  |  |
| --- | --- |
| 39. | Using the scale below, please indicate the extent to which the following have been challenges in maintaining PEP grant partnerships.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Not a challenge | **2**Minorchallenge | **3**Moderatechallenge | **4**Significantchallenge |

|  |  |
| --- | --- |
| Challenge | Select one per row |
| a. Difficulty coordinating meetings and activities  | 1 | 2 | 3 | 4 |
| b. Diversion of time and resources away from other priorities or obligations of the PEP grant | 1 | 2 | 3 | 4 |
| c. Entities are not knowledgeable of project goals  | 1 | 2 | 3 | 4 |
| d. Difficulty communicating efficiently and in a timely manner | 1 | 2 | 3 | 4 |
| e. Diminished interest in project goals and activities | 1 | 2 | 3 | 4 |
| f. Lack of established effective communication channels  | 1 | 2 | 3 | 4 |
| g. The governance structure of the partnership(s) has not functioned effectively | 1 | 2 | 3 | 4 |
| h. Lack of commitment | 1 | 2 | 3 | 4 |
| i. Different or conflicting perspectives | 1 | 2 | 3 | 4 |
| j. Dissimilarity in expectations by different partners on project activities | 1 | 2 | 3 | 4 |
| k. Interruptions due to personnel turnover within community entities | 1 | 2 | 3 | 4 |
| l. Not perceived as mutually beneficial  | 1 | 2 | 3 | 4 |
| m. Inadequate staff support  | 1 | 2 | 3 | 4 |
| n. Interruptions due to personnel turnover in the primary PEP CBO | 1 | 2 | 3 | 4 |
| o. Other, please specify:  | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 40. | Using the scale below, please indicate to what extent it is expected your PEP grant partnerships will continue after the grant period ends. |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Will notcontinue collaboration | **2**Minimalcollaboration | **3**Moderatecollaboration | **4**Significantcollaboration |

|  |  |
| --- | --- |
| 41. | Using the scale below, please select the option that **best** describes how valuable the partnerships have been to your PEP grant. |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Notvaluable | **2**Minimallyvaluable | **3**Moderatelyvaluable | **4**Extremelyvaluable |

|  |  |
| --- | --- |
| 42. | Has your PEP grant established collaborations with community entities that were **not part of an official partner agreement**? |
| a. Yes  | ❑ |  |  |
| b. No  | ❑ |  | **Skip to 49** |

|  |  |
| --- | --- |
| 43. | Please identify any community entities that your PEP grant has collaborated with that were**not part of** **an official partner agreement** andindicate if they did not continue the collaboration to date. In addition, using the scale provided, please specify the average level of involvement each has had in implementing your PEP grant project. |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Noinvolvement | **2**Minorinvolvement | **3**Moderateinvolvement | **4**Significantinvolvement |

|  |  |  |  |
| --- | --- | --- | --- |
| Community entity | Collaborator | Left collaboration | Involvement |
| Check all that apply | Check all that apply | Select one per row |
| a. College or university  | ❑ | ❑ | 1 | 2 | 3 | 4 |
| b. LEA(s) | ❑ | ❑ | 1 | 2 | 3 | 4 |
| c. External evaluation/monitoring agency | ❑ | ❑ | 1 | 2 | 3 | 4 |
| d. Head of the local government where your CBO is located | ❑ | ❑ | 1 | 2 | 3 | 4 |
| e. Hospital or clinic | ❑ | ❑ | 1 | 2 | 3 | 4 |
| f. LEA’s food service or child nutrition director | ❑ | ❑ | 1 | 2 | 3 | 4 |
| g. Local or State public health department/board of public health | ❑ | ❑ | 1 | 2 | 3 | 4 |
| h. Public park or recreational authority | ❑ | ❑ | 1 | 2 | 3 | 4 |
| i. Other CBOs | ❑ | ❑ | 1 | 2 | 3 | 4 |
| j. Other local public health entity | ❑ | ❑ | 1 | 2 | 3 | 4 |
| k. Other State or local government department | ❑ | ❑ | 1 | 2 | 3 | 4 |
| l. Other, please specify:  | ❑ | ❑ | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 44. | Using the scale below, please indicate the average level of involvement your PEP grant collaborators (i.e., community entities **not part of an official partner agreement)** have had in the following areas.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Noinvolvement | **2**Minorinvolvement | **3**Moderateinvolvement  | **4**Significantinvolvement |

|  |  |
| --- | --- |
| Area | Select one per row |
| a. Fitness education and assessment | 1 | 2 | 3 | 4 |
| b. Instruction in healthy eating habits and good nutrition | 1 | 2 | 3 | 4 |
| c. Instruction in motor skills and physical activities | 1 | 2 | 3 | 4 |
| d. Instruction in cognitive concepts about motor skills and physical fitness | 1 | 2 | 3 | 4 |
| e. Policy development  | 1 | 2 | 3 | 4 |
| f. Providing nutrition services | 1 | 2 | 3 | 4 |
| g. Providing opportunities for youth to develop positive social and cooperative skills through physical activity participation | 1 | 2 | 3 | 4 |
| h. Providing staff/instructors with professional development opportunities related to nutrition or physical fitness | 1 | 2 | 3 | 4 |
| i. Other, please specify:  | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 45. | Please indicate any benefits related to your PEP grant’s collaborations with community entities.  |

|  |  |
| --- | --- |
| Benefit | Check all that apply |
| a. Allowed personnel to focus on specific areas of expertise | ❑ |
| b. Built upon knowledge base | ❑ |
| c. Provided capability to reach more of the targeted population | ❑ |
| d. Contributed additional personnel | ❑ |
| e. Offered access to additional resources | ❑ |
| f. Provided additional funding, either directly or through funding opportunities | ❑ |
| g. Interested in collaborating to sustain PEP activities after the grant cycle ends | ❑ |
| h. Other, please specify:  | ❑ |

|  |  |
| --- | --- |
| 46. | Using the scale below, please indicate the extent to which the following have been challenges in maintaining collaborations with community entities over the course of your PEP grant.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Not a challenge | **2**Minorchallenge | **3**Moderatechallenge | **4**Significantchallenge |

|  |  |
| --- | --- |
| Challenge | Select one per row |
| a. Difficulty coordinating meetings and activities  | 1 | 2 | 3 | 4 |
| b. Diversion of time and resources away from other priorities or obligations of the PEP grant | 1 | 2 | 3 | 4 |
| c. Entities are not knowledgeable of project goals  | 1 | 2 | 3 | 4 |
| d. Difficulty communicating efficiently and in a timely manner | 1 | 2 | 3 | 4 |
| e. Diminished interest in project goals and activities | 1 | 2 | 3 | 4 |
| f. Lack of established effective communication channels  | 1 | 2 | 3 | 4 |
| g. The governance structure of the collaboration(s) has not functioned effectively | 1 | 2 | 3 | 4 |
| h. Lack of commitment | 1 | 2 | 3 | 4 |
| i. Different or conflicting perspectives | 1 | 2 | 3 | 4 |
| j. Dissimilarity in expectations by different partners on project activities | 1 | 2 | 3 | 4 |
| k. Interruptions due to personnel turnover within community entities | 1 | 2 | 3 | 4 |
| l. Not perceived as mutually beneficial  | 1 | 2 | 3 | 4 |
| m. Inadequate staff support  | 1 | 2 | 3 | 4 |
| n. Interruptions due to personnel turnover in the primary PEP CBO | 1 | 2 | 3 | 4 |
| o. Other, please specify:  | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 47. | Using the scale below, please indicate to what extent it is expected your PEP grant collaborations will continue after the grant period ends. |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Will notcontinue collaboration | **2**Minimalcollaboration | **3**Moderatecollaboration | **4**Significantcollaboration |

|  |  |
| --- | --- |
| 48. | Using the scale below, please select the option that **best** describes how valuable the collaborations have been to your PEP grant. |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Notvaluable | **2**Minimallyvaluable | **3**Moderatelyvaluable | **4**Extremelyvaluable |

**PEP Grant Budget**

|  |  |
| --- | --- |
| 49. | Please provide the following information regarding your PEP grant budget.i) Indicate the percent of your **proposed** PEP grant total budget that was allocated to the following categories; these should total to 100%.ii) Using the scale below, please indicate the option that best describes how much the **proposed** budget has needed to be revised to date for each of the categories. |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**No revision | **2**Minorrevision | **3**Moderaterevision | **4**Significantrevision |

|  |  |  |
| --- | --- | --- |
| Budget categories | % Allocated | Select one per row |
| a. Personnel | \_\_\_\_\_% | 1 | 2 | 3 | 4 |
| b. Fringe benefits | \_\_\_\_\_% | 1 | 2 | 3 | 4 |
| c. Travel | \_\_\_\_\_% | 1 | 2 | 3 | 4 |
| d. Equipment | \_\_\_\_\_% | 1 | 2 | 3 | 4 |
| e. Supplies | \_\_\_\_\_% | 1 | 2 | 3 | 4 |
| f. Contractual | \_\_\_\_\_% | 1 | 2 | 3 | 4 |
| g. Training stipends | \_\_\_\_\_% | 1 | 2 | 3 | 4 |
| h. Indirect costs | \_\_\_\_\_% | 1 | 2 | 3 | 4 |
| i. Other, please specify:  | \_\_\_\_\_% | 1 | 2 | 3 | 4 |
| **Total Funds:** | **100%** |  |  |  |  |

|  |  |
| --- | --- |
| 50. | Please select the reason(s) budget revisions have been necessary over the course of your PEP grant.  |

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for budget revision  | Check all that apply |  |  |
| a. No revisions have been necessary | ❑ |  | **Skip to 51** |
| b. Matched funds not provided as expected | ❑ |  |  |
| c. Underestimated costs | ❑ |  |  |
| d. Unexpected costs | ❑ |  |  |
| e. Unexpected savings | ❑ |  |  |
| f. Other, please specify:  | ❑ |  |  |

|  |  |
| --- | --- |
| 51. | Did your project receive additional funding other than PEP grant funds? |
| a. Yes  | ❑ |  |  |
| b. No  | ❑ |  | **Skip to 53** |

|  |  |
| --- | --- |
| 52. | Please indicate any sources of additional funding.  |

|  |  |
| --- | --- |
| Source | Check all that apply |
| a. The primary CBO recipient of the PEP grant  | ❑ |
| b. The primary LEA or school(s) involved in the PEP grant  | ❑ |
| c. PEP grant partners/collaborators | ❑ |
| d. Grant(s) other than PEP | ❑ |
| e. Donations/gifts | ❑ |
| f. Foundation support | ❑ |
| g. State education agency | ❑ |
| h. Other, please specify:  | ❑ |

**PEP Grant Measures and Outcomes**

|  |  |
| --- | --- |
| 53. | Please indicate if Body Mass Index (BMI) data have been collected during your PEP grant.  |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 56** |

|  |  |
| --- | --- |
| 54. | Please indicate the number of times BMI data have been collected during your PEP grant to date.  |

|  |  |
| --- | --- |
| Grant year | Number of times BMI data were collected |
| a. Year 1 | \_\_\_\_ |
| b. Year 2 | \_\_\_\_ |
| c. Year 3 to date | \_\_\_\_ |

|  |  |
| --- | --- |
| 55. | Please indicate how your PEP grant has used and/or plans to use BMI measurements. |

|  |  |
| --- | --- |
| BMI use | Check all that apply |
| a. To assess the weight status of the student population across time | ❑ |
| b. To calculate percentage of students of different weight statuses among the population | ❑ |
| c. To assess outcomes related to PEP grant activities | ❑ |
| d. To compare the population trends at different sites/schools | ❑ |
| e. To assess the weight status of individual students to identify those at risk for weight-related health problems | ❑ |
| f. To provide parents with information about their children’s BMI to help them take appropriate action | ❑ |
| g. To guide physical activity program development | ❑ |
| h. To guide nutrition-related program development | ❑ |
| i. To provide the data to school administrator(s)/board(s) to inform policy change  | ❑ |
| j. Other, please specify:  | ❑ |

|  |
| --- |
| The following series of questions asks about your PEP grant’s plans and experiences regarding data collection of **Government Performance and Results Act (GPRA)** performance measures based on the following:Measure 1.1 The percentage of students served by the grant who engage in 60 minutes of daily physical activity. Measure 1.2 The percentage of students served by the grant who achieve age-appropriate cardiovascular fitness levels. Measure 1.3 The percentage of students served by the grant who consume fruit two or more times per day and vegetables three or more times per day. |

|  |  |
| --- | --- |
| 56. | Please indicate which of the uniform data collection methods your PEP grant has used. If the method has been used, please indicate how difficult it was to collect the required GPRA performance measures using the scale provided. |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Not difficult | **2**Slightlydifficult | **3**Moderatelydifficult | **4**Extremelydifficult |

|  |  |  |
| --- | --- | --- |
| Data collection method | Check all that apply | Select one per row |
| a. Pedometer data for Measure 1.1 | ❑ | 1 | 2 | 3 | 4 |
| b. 3-Day Physical Activity Recall (3DPAR) data for Measure 1.1 | ❑ | 1 | 2 | 3 | 4 |
| c. 20-meter shuttle run data for Measure 1.2 | ❑ | 1 | 2 | 3 | 4 |
| d. Nutrition-related questions from the Youth Risk Behavior Survey Measure 1.3 | ❑ | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 57. | Please indicate any additional data collection methods your PEP grant has used to collect physical activity, fitness, and/or nutrition information for the following age groups.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Measurement method | 10 years & younger | 11-13 years | 14-17 years | 18 years & older |
| Check all that apply | Check all that apply | Check all that apply | Check all that apply |
| a. Logs kept by parents | ❑ | ❑ | ❑ | ❑ |
| b. Logs kept by youth | ❑ | ❑ | ❑ | ❑ |
| c. Observations by school personnel/staff | ❑ | ❑ | ❑ | ❑ |
| d. Survey(s), please specify:   | ❑ | ❑ | ❑ | ❑ |
| e. Accelerometers | ❑ | ❑ | ❑ | ❑ |
| f. Heart rate monitors | ❑ | ❑ | ❑ | ❑ |
| g. Other device(s), please specify:  | ❑ | ❑ | ❑ | ❑ |
| h. Other, please specify:   | ❑ | ❑ | ❑ | ❑ |

|  |  |
| --- | --- |
| 58. | For each age group, please indicate if your PEP grant has collected any of the following measures. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outcome measure | 10 years & younger | 11-13 years | 14-17 years | 18 years & older |
| Check all that apply | Check all that apply | Check all that apply | Check all that apply |
| a. Aerobic capacity (e.g., timed walking/running) | ❑ | ❑ | ❑ | ❑ |
| b. Balance | ❑ | ❑ | ❑ | ❑ |
| c. Cardio-vascular measures (e.g., blood pressure, heart rate) | ❑ | ❑ | ❑ | ❑ |
| d. Flexibility | ❑ | ❑ | ❑ | ❑ |
| e. Muscular endurance | ❑ | ❑ | ❑ | ❑ |
| f. Muscular strength | ❑ | ❑ | ❑ | ❑ |
| g. Nutrition | ❑ | ❑ | ❑ | ❑ |
| h. Obesity rate | ❑ | ❑ | ❑ | ❑ |
| i. FITNESSGRAM entire battery | ❑ | ❑ | ❑ | ❑ |
| j. Youth Risk Behavior Survey (other than nutrition-related items) | ❑ | ❑ | ❑ | ❑ |
| k. Other, please specify:   | ❑ | ❑ | ❑ | ❑ |

|  |  |
| --- | --- |
| 59. | Using the scale below, please indicate how the GPRA performance measures relate to your PEP grant’s goals. |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Not related | **2**Minimally related | **3**Moderatelyrelated | **4**Significantlyrelated |

|  |  |
| --- | --- |
| GPRA performance measure | Select one per row |
| a. **Measure 1.1:** The percentage of students served by the grant who engage in 60 minutes of daily physical activity  | 1 | 2 | 3 | 4 |
| b. **Measure 1.2:** The percentage of students served by the grant who achieve age-appropriate cardiovascular fitness levels | 1 | 2 | 3 | 4 |
| c. **Measure 1.3:** The percentage of students served by the grant who consume fruit two or more times per day and vegetables three or more times per day | 1 | 2 | 3 | 4 |

**PEP Grant Activities**

|  |  |
| --- | --- |
| 60. | Please indicate the degree to which your PEP grant’s proposed activities have been implemented to date as planned.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Notimplemented | **2**Partiallyimplemented | **3**Mostlyimplemented | **4**Fullyimplemented |

|  |  |
| --- | --- |
| 61. | Has your project implemented any activities that were not part of the original PEP grant design?  |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 63** |

|  |  |
| --- | --- |
| 62. | Please describe the additional activities your project has implemented that were not part of the original PEP grant design. |
|  |  |
|  |
|  |

**PEP Grant Challenges**

|  |  |
| --- | --- |
| 63. | Please indicate any challenges encountered while implementing your PEP grant.  |

| Implementation challenge | Check all that apply |
| --- | --- |
| a. Budget-related obstacles (e.g., dry-up of matching funds) | ❑ |
| b. Challenge(s) collecting GPRA measuresPlease specify type of challenge(s):

|  |  |
| --- | --- |
| Challenge collecting measures | Check all that apply |
| 1. Coordinating data collection across sites | ❑ |
| 2. Failure to return requested information  | ❑ |
| 3. Lack of personnel/staff | ❑ |
| 4. Lack of preparation time | ❑ |
| 5. Loss or theft of equipment | ❑ |
| 6. Malfunctioning/faulty equipment | ❑ |
| 7. Lack of proper data collection/reporting by personnel/staff | ❑ |
| 8. Lack of proper data collection/reporting by students | ❑ |
| 9. Problems with sampling | ❑ |
| 10. Requirements not clear | ❑ |
| 11. Other, please specify:  | ❑ |

 | ❑ |
| c. DelaysPlease specify type of delay(s):

|  |  |
| --- | --- |
| Delay | Check all that apply |
| 1. Administrative approval/requirements | ❑ |
| 2. Arrival of ordered equipment/materials | ❑ |
| 3. Hiring personnel/staff | ❑ |
| 4. Other, please specify:  | ❑ |

 | ❑ |
| d. Difficulty coordinating across sites | ❑ |
| e. Difficulty with partners and/or external collaborators | ❑ |
| f. Equipment installation and/or set-up problems  | ❑ |
| g. Federal grant monitors or other federal administrative obstacles (e.g., accessing funds) | ❑ |
| h. Lack of time to prepare for the start of the PEP grant following award notification | ❑ |
| i. Staff turnover  | ❑ |
| j. Training obstacles (e.g., low attendance, longer than planned) | ❑ |
| k. Competing academic priorities or pressures | ❑ |
| l. Lack of facilities | ❑ |
| m. Other, please specify:  | ❑ |
| n. No challenges | ❑ |

|  |  |
| --- | --- |
| 64. | Please describe the greatest difficulties your PEP grant has encountered to date in implementing the project as designed. |
|  |  |
|  |
|  |

|  |  |
| --- | --- |
| 65. | Has your PEP grant implemented any changes and/or strategies to address challenges? |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 67** |

|  |  |
| --- | --- |
| 66. | Please indicate the strategies your PEP grant has implemented to address challenges. |

|  |  |
| --- | --- |
| Strategy | Check all that apply |
| a. Adjusted timeline | ❑ |
| b. Changed goals | ❑ |
| c. Eliminated activities/components | ❑ |
| d. Implemented alternative activities | ❑ |
| e. Identified alternate and/or additional partners | ❑ |
| f. Reorganized personnel/staff responsibilities | ❑ |
| g. Revised data collection methods | ❑ |
| h. Other, please specify:  | ❑ |

**PEP Grant Sustainability**

|  |  |
| --- | --- |
| 67. | Overall, how sustainable do you expect your project will be at the end of the PEP grant period? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
|  | Not at all sustainable | Minimally sustainable | Moderately sustainable | Mostly sustainable | Completely sustainable |

**Skip to 69**

**Continue to item 68**



|  |  |
| --- | --- |
| 68. | Please indicate any foreseeable challenge(s) related to the sustainability of your project after the PEP grant period ends. Of these challenges, please place an “X” to indicate a **maximum of three factors that are the most challenging** to sustaining your project. |

|  |  |  |
| --- | --- | --- |
| Challenge | Check all that apply | Most Challenging |
| a. Obtaining/maintaining adequate funding | ❑ |  |
| b. Lack of parent participation | ❑ |  |
| c. Lack of student participation | ❑ |  |
| d. Lack of teacher participation | ❑ |  |
| e. Lack of support from the district | ❑ |  |
| f. Lack of support from schools | ❑ |  |
| g. Lack of support from community | ❑ |  |
| h. Lack of support from local public health entities | ❑ |  |
| i. Lack of support from local and/or State government | ❑ |  |
| j. Collecting performance/outcome measures data | ❑ |  |
| k. Continuing collaborations with community entities | ❑ |  |
| l. Coordinating across sites | ❑ |  |
| m. Equipment maintenance (e.g., computers, networking, treadmills) | ❑ |  |
| n. Ability to retain qualified personnel/staff | ❑ |  |
| o. Implementing training | ❑ |  |
| p. Unrealistic goals proposed in application | ❑ |  |
| q. Competing academic priorities or pressures | ❑ |  |
| r. Lack of policy to support the goals established with the PEP grant | ❑ |  |
| s. Other, please specify:  | ❑ |  |

**Skip to 70**

|  |  |
| --- | --- |
| 69. | Please describe how your project plans to obtain complete sustainability post the PEP grant period. |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| 70. | Has your project implemented any plans to maintain its activities after the PEP grant cycle ends? |
|  | a. Yes  | ❑ |
|  | b. No  | ❑ |

|  |  |
| --- | --- |
| 71. | Please identify what you see as the primary strengths of your PEP grant project. |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| 72. | What lessons have been learned that could be carried forward when implementing future activities related to your project or future PEP projects? |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| 73. | Please provide any additional information you found important related to your efforts in implementing the PEP grant as designed. |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| 74. | Please provide any additional suggestions you have to improve the PEP grant process (e.g., application, project design, performance measures). |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Thank you very much for completing this survey!**