

**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:

Andrea Coombes
American Institutes for Research
1000 Thomas Jefferson St., NW
Washington, DC 20007
(202) 403-5278
acoombes@air.org

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Policy and Program Studies Service, Office of Planning, Evaluation and Policy Development, U.S. Department of Education, 400 Maryland Avenue, S.W., [insert building/room number], Washington D.C. 20202-4537.

Background

Have you been the Project Director of your PEP grant since its award in 2010?

a. Yes.....

b. No.....



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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

What is your current occupation?

Occupation	Check all that apply														
a. Project Director for a Carol M. White Physical Education Program (PEP) grant	<input type="checkbox"/>														
b. CEO/president/executive director/administrator Please specify your job title: _____	<input type="checkbox"/>														
c. Branch/program director/coordinator ↳ Please specify your job title: _____	<input type="checkbox"/>														
d. Financial coordinator/director/officer Please specify your job title: _____	<input type="checkbox"/>														
e. Project director/coordinator ↳ Please specify your area(s): <table border="1" data-bbox="440 877 1218 1178"> <thead> <tr> <th data-bbox="440 877 1055 940">Area</th> <th data-bbox="1055 877 1218 940">Check all that apply</th> </tr> </thead> <tbody> <tr> <td data-bbox="440 940 1055 978">1. Athletic</td> <td data-bbox="1055 940 1218 978" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="440 978 1055 1016">2. Child care/family</td> <td data-bbox="1055 978 1218 1016" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="440 1016 1055 1054">3. Grants</td> <td data-bbox="1055 1016 1218 1054" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="440 1054 1055 1092">4. Health & wellness</td> <td data-bbox="1055 1054 1218 1092" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="440 1092 1055 1129">5. Marketing</td> <td data-bbox="1055 1092 1218 1129" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="440 1129 1055 1178">6. Other, please specify: _____</td> <td data-bbox="1055 1129 1218 1178" style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Area	Check all that apply	1. Athletic	<input type="checkbox"/>	2. Child care/family	<input type="checkbox"/>	3. Grants	<input type="checkbox"/>	4. Health & wellness	<input type="checkbox"/>	5. Marketing	<input type="checkbox"/>	6. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
Area	Check all that apply														
1. Athletic	<input type="checkbox"/>														
2. Child care/family	<input type="checkbox"/>														
3. Grants	<input type="checkbox"/>														
4. Health & wellness	<input type="checkbox"/>														
5. Marketing	<input type="checkbox"/>														
6. Other, please specify: _____	<input type="checkbox"/>														
f. Instructor/teacher Please specify school level(s): <table border="1" data-bbox="440 1329 1218 1587"> <thead> <tr> <th data-bbox="440 1329 1055 1392">School level</th> <th data-bbox="1055 1329 1218 1392">Check all that apply</th> </tr> </thead> <tbody> <tr> <td data-bbox="440 1392 1055 1430">1. Elementary</td> <td data-bbox="1055 1392 1218 1430" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="440 1430 1055 1467">2. Middle</td> <td data-bbox="1055 1430 1218 1467" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="440 1467 1055 1505">3. Secondary</td> <td data-bbox="1055 1467 1218 1505" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="440 1505 1055 1543">4. College/university</td> <td data-bbox="1055 1505 1218 1543" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="440 1543 1055 1587">5. Other, please specify: _____</td> <td data-bbox="1055 1543 1218 1587" style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	School level	Check all that apply	1. Elementary	<input type="checkbox"/>	2. Middle	<input type="checkbox"/>	3. Secondary	<input type="checkbox"/>	4. College/university	<input type="checkbox"/>	5. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>		
School level	Check all that apply														
1. Elementary	<input type="checkbox"/>														
2. Middle	<input type="checkbox"/>														
3. Secondary	<input type="checkbox"/>														
4. College/university	<input type="checkbox"/>														
5. Other, please specify: _____	<input type="checkbox"/>														
g. Health care professional (e.g., counselor, nurse, physician, psychologist) ↳ Please specify your job title: _____	<input type="checkbox"/>														
h. Other, please specify: _____	<input type="checkbox"/>														

Is your PEP grant project on schedule to be completed within the 3 year grant cycle?

- a. Yes.....
- b. No.....



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Did or will your PEP grant project apply for an extension?

- a. Yes.....
- b. No.....

PEP Grant Target Population


How many youth has your PEP grant served to date?

Total number of youth: _____

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	_____

Was there a particular segment of your PEP grant population that was more difficult to serve than others?

- a. Yes.....  **Skip to 11**
- b. No.....

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

PEP Grant Design and Implementation

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)	<input type="checkbox"/>
b. Tool developed by your CBO	<input type="checkbox"/>
c. Other, please specify: _____	<input type="checkbox"/>

Skip to 15

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	2	3	4
No focus	Minimal focus	Moderate focus	Significant focus

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

	1 Not implemented	2 Partially implemented	3 Mostly implemented	4 Fully implemented
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 Not implemented **2** Partially implemented **3** Mostly implemented **4** Fully implemented

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 Not Slightly Moderately Extremely
 used useful useful useful 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

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 Not Slightly Moderately Extremely
 used useful useful useful 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 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
 Not
 implemented

 2
 Partially
 implemented

 3
 Mostly
 implemented

 4
 Fully
 implemented

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
No
changes

2
Minor
changes

3
Moderate
changes

4
Significant
changes

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

i. Other, please specify: _____	1	2	3	4
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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 all aligned	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	2	3	4
Did not use	Rarely used	Moderately used	Frequently used

Technology	Select one per row			
a. Computers for instructors/staff (specifically affiliated with grant-related activities)	1	2	3	4
b. Exergaming	1	2	3	4
Please specify type(s):				
Exergame				
Check all that apply				
1. Dance Dance Revolution				<input type="checkbox"/>
2. Wii				<input type="checkbox"/>
3. Other, please specify: _____				<input type="checkbox"/>
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	<input type="checkbox"/>
b. Pedagogy training	<input type="checkbox"/>
c. Research in good nutrition	<input type="checkbox"/>
d. Research in physical education	<input type="checkbox"/>
e. Technology or equipment related	<input type="checkbox"/>
f. Instructional strategies	<input type="checkbox"/>
g. Student assessment	<input type="checkbox"/>
h. Other, please specify: _____	<input type="checkbox"/>

33. Please provide the percent of your PEP grant's **entire budget to date** that has been allocated to professional development.

_____ % of Budget

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
 No
 involvement

 2
 Minor
 involvement

 3
 Moderate
 involvement

 4
 Significant
 involvement

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	<input type="checkbox"/>
b. Built upon knowledge base	<input type="checkbox"/>
c. Provided capability to reach more of the targeted population	<input type="checkbox"/>
d. Contributed additional personnel	<input type="checkbox"/>
e. Offered access to additional resources	<input type="checkbox"/>
f. Provided additional funding, either directly or through funding opportunities	<input type="checkbox"/>
g. Interested in collaborating to sustain PEP activities after the grant cycle ends	<input type="checkbox"/>
h. Other, please specify: _____	<input type="checkbox"/>

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 not
continue collaboration | 2
Minimal
collaboration | 3
Moderate
collaboration | 4
Significant
collaboration |
|--|--------------------------------------|---------------------------------------|--|

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

- | | | | |
|-----------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| 1
Not
valuable | 2
Minimally
valuable | 3
Moderately
valuable | 4
Extremely
valuable |
|-----------------------------|-----------------------------------|------------------------------------|-----------------------------------|

42. Has your PEP grant established collaborations with community entities that were **not part of an official partner agreement**?

a. Yes.....

b. No.....



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43. Please identify any community entities that your PEP grant has collaborated with that were **not part of an official partner agreement** and indicate 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 No involvement **2** Minor involvement **3** Moderate involvement **4** Significant involvement

Community entity	Collaborator	Left collaboration	Involvement
	Check all that apply	Check all that apply	Select one per row
a. College or university	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
b. LEA(s)	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
c. External evaluation/monitoring agency	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
d. Head of the local government where your CBO is located	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
e. Hospital or clinic	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
f. LEA's food service or child nutrition director	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
g. Local or State public health department/board of public health	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
h. Public park or recreational authority	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
i. Other CBOs	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
j. Other local public health entity	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
k. Other State or local government department	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
l. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	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
 No
 involvement

 2
 Minor
 involvement

 3
 Moderate
 involvement

 4
 Significant
 involvement

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	<input type="checkbox"/>
b. Built upon knowledge base	<input type="checkbox"/>
c. Provided capability to reach more of the targeted population	<input type="checkbox"/>
d. Contributed additional personnel	<input type="checkbox"/>
e. Offered access to additional resources	<input type="checkbox"/>
f. Provided additional funding, either directly or through funding opportunities	<input type="checkbox"/>
g. Interested in collaborating to sustain PEP activities after the grant cycle ends	<input type="checkbox"/>
h. Other, please specify: _____	<input type="checkbox"/>

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

1
Not
valuable

2
Minimally
valuable

3
Moderately
valuable

4
Extremely
valuable

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
Minor
revision

3
Moderate
revision

4
Significant
revision

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	<input type="checkbox"/>
b. Matched funds not provided as expected	<input type="checkbox"/>
c. Underestimated costs	<input type="checkbox"/>
d. Unexpected costs	<input type="checkbox"/>
e. Unexpected savings	<input type="checkbox"/>
f. Other, please specify: _____	<input type="checkbox"/>



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51. Did your project receive additional funding other than PEP grant funds?

- a. Yes.....
- b. No.....



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52. Please indicate any sources of additional funding.

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

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.....



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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	<input type="checkbox"/>
b. To calculate percentage of students of different weight statuses among the population	<input type="checkbox"/>
c. To assess outcomes related to PEP grant activities	<input type="checkbox"/>
d. To compare the population trends at different sites/schools	<input type="checkbox"/>
e. To assess the weight status of individual students to identify those at risk for weight-related health problems	<input type="checkbox"/>
f. To provide parents with information about their children's BMI to help them take appropriate action	<input type="checkbox"/>
g. To guide physical activity program development	<input type="checkbox"/>
h. To guide nutrition-related program development	<input type="checkbox"/>
i. To provide the data to school administrator(s)/board(s) to inform policy change	<input type="checkbox"/>
j. Other, please specify: _____	<input type="checkbox"/>

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	2	3	4
Not difficult	Slightly difficult	Moderately difficult	Extremely difficult

Data collection method	Check all that apply	Select one per row			
a. Pedometer data for Measure 1.1	<input type="checkbox"/>	1	2	3	4
b. 3-Day Physical Activity Recall (3DPAR) data for Measure 1.1	<input type="checkbox"/>	1	2	3	4
c. 20-meter shuttle run data for Measure 1.2	<input type="checkbox"/>	1	2	3	4
d. Nutrition-related questions from the Youth Risk Behavior Survey Measure 1.3	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Logs kept by youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Observations by school personnel/staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Survey(s), please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Accelerometers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Heart rate monitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other device(s), please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cardio-vascular measures (e.g., blood pressure, heart rate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Muscular endurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Muscular strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Obesity rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. FITNESSGRAM entire battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Youth Risk Behavior Survey (other than nutrition-related items)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

1 **2** **3** **4**
 Not related Minimally related Moderately related Significantly related

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
Not
implemented

2
Partially
implemented

3
Mostly
implemented

4
Fully
implemented

61. Has your project implemented any activities that were not part of the original PEP grant design?

a. Yes.....

b. No.....



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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)	<input type="checkbox"/>																								
b. Challenge(s) collecting GPRA measures	<input type="checkbox"/>																								
Please specify type of challenge(s): <table border="1"> <thead> <tr> <th>Challenge collecting measures</th> <th>Check all that apply</th> </tr> </thead> <tbody> <tr> <td>1. Coordinating data collection across sites</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Failure to return requested information</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Lack of personnel/staff</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Lack of preparation time</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Loss or theft of equipment</td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. Malfunctioning/faulty equipment</td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. Lack of proper data collection/reporting by personnel/staff</td> <td><input type="checkbox"/></td> </tr> <tr> <td>8. Lack of proper data collection/reporting by students</td> <td><input type="checkbox"/></td> </tr> <tr> <td>9. Problems with sampling</td> <td><input type="checkbox"/></td> </tr> <tr> <td>10. Requirements not clear</td> <td><input type="checkbox"/></td> </tr> <tr> <td>11. Other, please specify: _____</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Challenge collecting measures	Check all that apply	1. Coordinating data collection across sites	<input type="checkbox"/>	2. Failure to return requested information	<input type="checkbox"/>	3. Lack of personnel/staff	<input type="checkbox"/>	4. Lack of preparation time	<input type="checkbox"/>	5. Loss or theft of equipment	<input type="checkbox"/>	6. Malfunctioning/faulty equipment	<input type="checkbox"/>	7. Lack of proper data collection/reporting by personnel/staff	<input type="checkbox"/>	8. Lack of proper data collection/reporting by students	<input type="checkbox"/>	9. Problems with sampling	<input type="checkbox"/>	10. Requirements not clear	<input type="checkbox"/>	11. Other, please specify: _____	<input type="checkbox"/>	
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c. Delays	<input type="checkbox"/>																								
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3. Hiring personnel/staff	<input type="checkbox"/>																								
4. Other, please specify: _____	<input type="checkbox"/>																								
d. Difficulty coordinating across sites	<input type="checkbox"/>																								
e. Difficulty with partners and/or external collaborators	<input type="checkbox"/>																								
f. Equipment installation and/or set-up problems	<input type="checkbox"/>																								
g. Federal grant monitors or other federal administrative obstacles (e.g., accessing funds)	<input type="checkbox"/>																								
h. Lack of time to prepare for the start of the PEP grant following award notification	<input type="checkbox"/>																								
i. Staff turnover	<input type="checkbox"/>																								
j. Training obstacles (e.g., low attendance, longer than planned)	<input type="checkbox"/>																								
k. Competing academic priorities or pressures	<input type="checkbox"/>																								

Implementation challenge	Check all that apply
l. Lack of facilities	<input type="checkbox"/>
m. Other, please specify: _____	<input type="checkbox"/>
n. No challenges	<input type="checkbox"/>

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.....



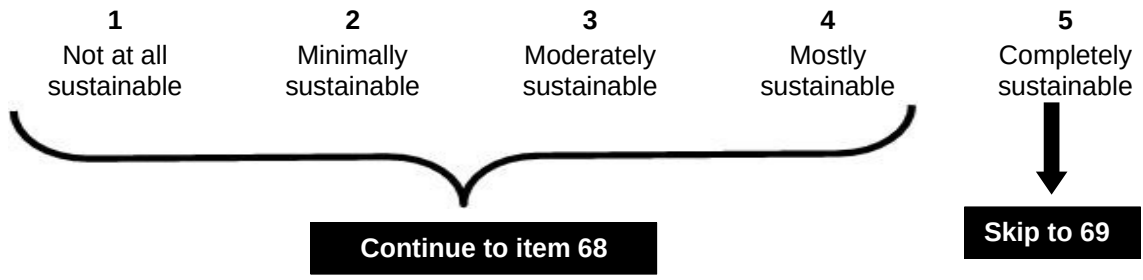
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66. Please indicate the strategies your PEP grant has implemented to address challenges.

Strategy	Check all that apply
a. Adjusted timeline	<input type="checkbox"/>
b. Changed goals	<input type="checkbox"/>
c. Eliminated activities/components	<input type="checkbox"/>
d. Implemented alternative activities	<input type="checkbox"/>
e. Identified alternate and/or additional partners	<input type="checkbox"/>
f. Reorganized personnel/staff responsibilities	<input type="checkbox"/>
g. Revised data collection methods	<input type="checkbox"/>
h. Other, please specify: _____	<input type="checkbox"/>

PEP Grant Sustainability

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



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	<input type="checkbox"/>	
b. Lack of parent participation	<input type="checkbox"/>	
c. Lack of student participation	<input type="checkbox"/>	
d. Lack of teacher participation	<input type="checkbox"/>	
e. Lack of support from the district	<input type="checkbox"/>	
f. Lack of support from schools	<input type="checkbox"/>	
g. Lack of support from community	<input type="checkbox"/>	
h. Lack of support from local public health entities	<input type="checkbox"/>	
i. Lack of support from local and/or State government	<input type="checkbox"/>	
j. Collecting performance/outcome measures data	<input type="checkbox"/>	
k. Continuing collaborations with community entities	<input type="checkbox"/>	
l. Coordinating across sites	<input type="checkbox"/>	
m. Equipment maintenance (e.g., computers, networking, treadmills)	<input type="checkbox"/>	
n. Ability to retain qualified personnel/staff	<input type="checkbox"/>	
o. Implementing training	<input type="checkbox"/>	
p. Unrealistic goals proposed in application	<input type="checkbox"/>	
q. Competing academic priorities or pressures	<input type="checkbox"/>	
r. Lack of policy to support the goals established with the PEP grant	<input type="checkbox"/>	
s. Other, please specify: _____	<input type="checkbox"/>	

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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!