

**EVALUATION OF THE  
CAROL M. WHITE  
PHYSICAL EDUCATION  
PROGRAM (PEP)**

—

**SURVEY OF 2010  
LOCAL EDUCATION AGENCY  
GRANT RECIPIENTS**

—

**YEAR 3**

—

**U.S. DEPARTMENT OF  
EDUCATION**

# SURVEY OF 2010 PEP LOCAL EDUCATION AGENCY (LEA) 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](mailto: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.....



**Skip to 4**

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

MM	YYYY

3. How many individuals, including you, have served as Project Directors 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. District administrator Please specify your job title: _____	<input type="checkbox"/>												
c. School administrator └─▶ Please specify your job title: _____	<input type="checkbox"/>												
d. Instructor/teacher Please specify school level(s):	<input type="checkbox"/>												
<table border="1"> <thead> <tr> <th>School level</th> <th>Check all that apply</th> </tr> </thead> <tbody> <tr> <td>1. Elementary</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Middle</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Secondary</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. College/university</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Other, please specify: _____</td> <td><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"/>	
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"/>												
e. Financial director/coordinator └─▶ Please specify your job title: _____	<input type="checkbox"/>												
f. Other, please specify: _____	<input type="checkbox"/>												

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

a. Yes.....       **→**      **Skip to 7**

b. No.....

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 schools and number of students your PEP grant has been able to serve at each education level to date. If your PEP grant did not target or serve a given level, indicate "0."

Education level	Number	
	Schools	Students
a. Elementary	_____	_____
b. Middle	_____	_____
c. Secondary	_____	_____

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.

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## 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. Using the scale below, please indicate the extent to which your PEP grant has addressed your LEA'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."

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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

12. Has your PEP grant reevaluated the four modules of the SHI since the grant application?

a. Yes.....

b. No.....  Skip to 14

13. 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	_____

Area	Module Score
d. Nutrition services	

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

**1**  
No  
focus

**2**  
Minimal  
focus

**3**  
Moderate  
focus

**4**  
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

15. 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 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 student engagement in physical activities external to school-based curricula	1	2	3	4
i. Increase family involvement in student 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



16. 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 teachers 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 school staff to identify unhealthy eating behaviors in students 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

17. Has your PEP grant project developed, revised, or enhanced physical education and/or nutrition education curricula?

a. Yes.....

b. No.....



**Skip to 22**

18. 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 20**


19. Please indicate how useful the PECAT was in revising, enhancing, or developing **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 students, 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 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 student 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

20. 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 22**

21. Please indicate how useful the HECAT was in revising, enhancing, or developing **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 students, 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 student 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

22. 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

23. Using the scale below, please indicate the extent to which your LEA's **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 classroom 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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26. Using the scale below, please indicate the extent to which your PEP grant’s goals and activities have aligned with your 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.”

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Did not have a local wellness policy	Not at all aligned	Partially aligned	Mostly aligned	Fully aligned

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Did not use	Rarely used	Moderately used	Frequently used

Technology	Select one per row			
a. Computers for teachers/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



28. 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

29. 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 32**

30. 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"/>

31. 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

32. Did your PEP grant application include an **official partner agreement**?

a. Yes.....

b. No.....



**Skip to 40**

33. Please identify the type of community entities that your PEP project partnered with **as part of an official partner agreement** and indicate 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**  
Minor  
involvement
**3**  
Moderate  
involvement
**4**  
Significant  
involvement

Community entity	Official partner	Left partnership	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. CBO	<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. Hospital or clinic	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
e. LEA's food service or child nutrition director	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
f. Local or State public health department/board of public health	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
g. Public park or recreational authority	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
h. Other LEA(s)	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
i. Other State or local government department	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
j. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4

34. 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 students to develop positive social and cooperative skills through physical activity participation	1	2	3	4
h. Providing teachers with professional development opportunities related to nutrition or physical fitness	1	2	3	4
i. Other, please specify: _____	1	2	3	4

35. 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"/>

36. Please describe any factors that have facilitated your PEP grant's partnership relationship(s).

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

**1**                                      **2**                                      **3**                                      **4**  
 Not a                                      Minor                                      Moderate                                      Significant  
 challenge                                      challenge                                      challenge                                      challenge

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 LEA	1	2	3	4
o. Other, please specify: _____	1	2	3	4

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

- |  |                                      |                                       |  |
|--|--------------------------------------|---------------------------------------|--|
| <b>1</b><br>Will not<br>continue collaboration | <b>2</b><br>Minimal<br>collaboration | <b>3</b><br>Moderate<br>collaboration | <b>4</b><br>Significant<br>collaboration |
|--|--------------------------------------|---------------------------------------|--|

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

- |                             |                                   |                                    |                                   |
|-----------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| <b>1</b><br>Not<br>valuable | <b>2</b><br>Minimally<br>valuable | <b>3</b><br>Moderately<br>valuable | <b>4</b><br>Extremely<br>valuable |
|-----------------------------|-----------------------------------|------------------------------------|-----------------------------------|

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

a. Yes.....

b. No.....



**Skip to 47**

41. 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**                      **2**                      **3**                      **4**  
 No                      Minor                      Moderate                      Significant  
 involvement                      involvement                      involvement                      involvement

Community entity	Collaborator	No longer collaborating	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. CBO	<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. Hospital or clinic	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
e. LEA's food service or child nutrition director	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
f. Local or State public health department/board of public health	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
g. Public park or recreational authority	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
h. Other LEA(s)	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
i. Other State or local government department	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
j. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4

42. 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 students to develop positive social and cooperative skills through physical activity participation	1	2	3	4
h. Providing teachers with professional development opportunities related to nutrition or physical fitness	1	2	3	4
i. Other, please specify: _____	1	2	3	4

43. 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"/>

44. 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**                                      **2**                                      **3**                                      **4**  
 Not a                                      Minor                                      Moderate                                      Significant  
 challenge                                      challenge                                      challenge                                      challenge

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 LEA	1	2	3	4
o. Other, please specify: _____	1	2	3	4

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

**1**                                      **2**                                      **3**                                      **4**  
 Will not                                      Minimal                                      Moderate                                      Significant  
 continue collaboration                                      collaboration                                      collaboration                                      Collaboration



46. 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

47. 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
<b>TOTAL FUNDS:</b>		<b>100%</b>			

48. 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"/>



**Skip to 49**

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

a. Yes.....

b. No.....



**Skip to 51**

50. Please indicate any sources of additional funding.

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

## PEP Grant Measures and Outcomes

51. Please indicate if Body Mass Index (BMI) data have been collected during your PEP grant.

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



**Skip to 54**

52. 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	_____

53. 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.

54. 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.

<b>1</b> Not difficult	<b>2</b> Slightly difficult	<b>3</b> Moderately difficult	<b>4</b> Extremely difficult
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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

55. Please indicate any additional data collection methods your PEP grant has used to collect physical activity, fitness, and/or nutrition information for elementary, middle, and secondary school-aged students.

Measurement method	Elementary	Middle	Secondary
	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"/>
b. Logs kept by students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Observations by school personnel/staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Survey(s), please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Accelerometers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Heart rate monitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other device(s), please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. For each school level (i.e., elementary, middle, and secondary), please indicate if your PEP grant has collected any of the following measures.

Outcome measure	Elementary	Middle	Secondary
	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"/>
b. Balance	<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"/>
d. Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Muscular endurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Muscular strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Obesity rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. FITNESSGRAM entire battery	<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"/>
k. Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. 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**  
 Moderately related

**4**  
 Significantly related

GPRA performance measure	Select one per row			
a. <b>Measure 1.1:</b> The percentage of students served by the grant who engage in 60 minutes of daily physical activity	1	2	3	4
b. <b>Measure 1.2:</b> The percentage of students served by the grant who achieve age-appropriate cardiovascular fitness levels	1	2	3	4
c. <b>Measure 1.3:</b> 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

58. Please indicate the degree to which your PEP grant's proposed activities have been implemented as planned to date.

**1**  
Not  
implemented

**2**  
Partially  
implemented

**3**  
Mostly  
implemented

**4**  
Fully  
implemented

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

a. Yes.....

b. No.....



**Skip to 61**

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

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## PEP Grant Challenges

61. 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"/>

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

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63. Has your PEP grant implemented any changes and/or strategies to address challenges?

a. Yes.....

b. No.....



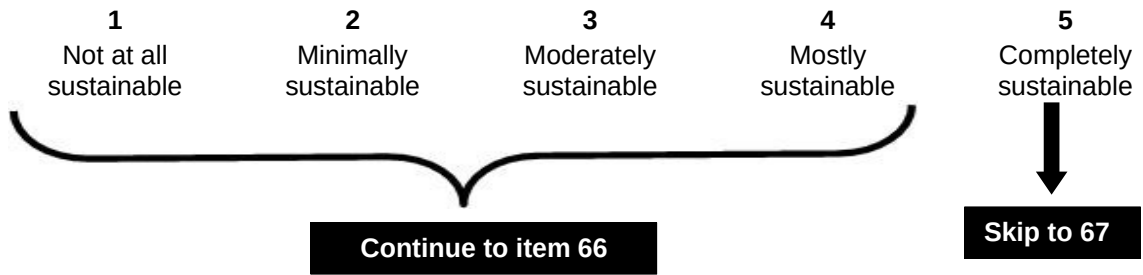
**Skip to 65**

64. 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

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



66. 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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67. Please describe how your project plans to obtain complete sustainability post the PEP grant period.

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68. Has your project implemented any plans to maintain its activities after the PEP grant cycle ends?

a. Yes.....

b. No.....

69. Please identify what you see as the primary strengths of your PEP grant project.

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

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

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

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