

Educator survey

EPA would like to evaluate your experience with teaching the SunWise School Program. Can you kindly take a few minutes to answer the following questions? Your answers will go a long way toward helping us improve SunWise.

Information collection via this form is authorized by OMB Control No. 2060-0439.

required item optional item

About You

To establish that you are an educator registered with the SunWise Program, **please enter:**

Your Name:

Your School:

Your Participation in SunWise

Please select: Did your class take part in any SunWise activities this past year (2010-2011 school year)?

Yes
Please estimate how many students received SunWise teaching:
What grade(s) did you teach
How much class time was spent on SunWise: (total minutes per school year)

No
In the interest of improving SunWise, can you tell us why not?

Skip to the [Suggestions](#) section

How many years have you been teaching the SunWise Program?

Do you plan on teaching SunWise next year?

Yes No

If not, why not?

Did you order or download any SunWise resources besides the Tool Kit activities?

Yes No

If so, which ones?

Were you aware of the SunWise with SHADE Poster Contest this past year?

Yes No

If yes, did your class participate in the SunWise with SHADE Poster Contest this past year?

Yes No

Were you aware of the “Don’t Fry Day” Pledge this past year?

Yes No

If yes, did you take the “Don’t Fry Day” Pledge this past year?

Yes No

If yes, which activities did you participate in for your pledge? (check all that apply)

- a. Taught at least one SunWise activity during Spring/Summer.
- b. Included the UV Index forecast or a sun safety tip in daily announcements.
- c. Other. Please describe:

I. Overall Satisfaction:

1. Please rank the **children's** overall satisfaction with the SunWise program.

Use a scale of 1 to 5, with 1 being the least satisfied and 5 being the most satisfied.

Least Satisfied Most Satisfied

1 2 3 4 5

2. Please rank **your** overall satisfaction with the SunWise program.

Use a scale of 1 to 5, with 1 being the least satisfied and 5 being the most satisfied.

Least Satisfied Most Satisfied

1 2 3 4 5

II. Cross-Curricular Classroom Lessons (SunWise Tool Kit)

3. Overall the instructional level of the Tool Kit was:

Too easy About right Too advanced

4. Please indicate how many activities you completed in each of the following subject area in the past year:

Science	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	1	2	3	4	5	6+
Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	1	2	3	4	5	6+
Physical Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	1	2	3	4	5	6+
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	1	2	3	4	5	6+
Social Studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	1	2	3	4	5	6+
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	1	2	3	4	5	6+

5. What were the children's two favorite activities?

1:

2:

6. Did the SunWise Tool Kit help **students** learn how to protect themselves from overexposure to the sun?

Use a scale of 1 to 5, with 1 being the least helpful and 5 being the most helpful.

Not helpful

 Very helpful

1 2 3 4 5

7. Did the SunWise Tool Kit help **you** learn about the risk of overexposure to the sun?

Use a scale of 1 to 5, with 1 being the least helpful and 5 being the most helpful.

Not helpful Very helpful
1 2 3 4 5

8. How many other faculty members did you share your materials with?

1 2 3 4 5 6+

9. To the best of your knowledge, how many teachers in your school are currently using the SunWise curriculum?

1 2 3 4 5 6+

10. Would you recommend the SunWise Tool Kit to other teachers?

Yes No

III. UV Index/Frisbee Use

11. Did your class use the SunWise Web site to gather and/or input UV Index data?

Yes No

12. Was the UV Frisbee an effective teaching tool?

Yes No I did not use the UV Frisbee

Please describe:

IV. Infrastructure Enhancements

13. Did you organize any school-wide sun safety activities (out of the classroom)?

Yes No

If yes, please describe:

14. Please indicate if any of your school's policies changed as a result of your efforts with SunWise. (Check all that apply.)

	Before SunWise?	After SunWise?
a. Were notes about sunscreen sent home to parents?	<input type="checkbox"/>	<input type="checkbox"/>
b. Was sunscreen available in the school?	<input type="checkbox"/>	<input type="checkbox"/>
c. Were more shade structures added to the schoolyard?	<input type="checkbox"/>	<input type="checkbox"/>
d. Were more trees added to the schoolyard?	<input type="checkbox"/>	<input type="checkbox"/>
e. Was a school-wide sun safety policy formalized?	<input type="checkbox"/>	<input type="checkbox"/>
f. Were announcements about sun protection made (e.g., on sunny days or before field trips)?	<input type="checkbox"/>	<input type="checkbox"/>

15. What challenges have you experienced in trying to change sun safety policies at your school? (Check all that apply.)

- a. School does not allow the use of sunscreen.
- b. Students use sunscreen inappropriately (e.g., smear it on surfaces).
- c. Students cannot afford sunscreen.
- d. There is not enough time to apply sunscreen to all students.
- e. Students are not allowed to wear hats.
- f. Shade structures are too expensive.
- g. Other (please describe):

V. Personal Behaviors

16. Please indicate how your personal sun behaviors have changed since teaching the SunWise Program:

Improved

Stayed the same

Decreased

- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| a. Applying sunscreen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Using a higher SPF sunscreen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Wearing a shirt and hat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Staying in the shade | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Staying inside between 10 AM and 4 PM | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If any of your sun protection behaviors have decreased, why? (Please explain)

17. Since teaching the SunWise Program, have you talked to your family or friends about being sun safe more often?

Yes
 No

VI. Suggestions

18. What information, materials, or resources would you suggest we add, delete or change?

19. Have you developed any enhancement activities/lessons for use with SunWise that you would be willing to share?

Yes
 No

If yes, please describe

VII. Future Participation

20. Would you like to continue your participation in SunWise for the next school year? (You automatically stay enrolled in SunWise, and you do *not* need to re-register.)

Yes
 No

21. How receptive would you be to new units on:

	Not very receptive	Somewhat receptive	Very receptive
a. Dangers of tanning beds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Helping children resist need for tanning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Educating parents about sun protection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THANK YOU

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