**Evaluation of the**

**Carol M. White**

**Physical Education Program (PEP)**

**—**

**Survey of 2010**

**Community-based Organizations**

**Grant Recipients**

**—**

**Year 1**

**—**

**U.S. Department of Education**

**Survey of 2010**

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

**Grant Recipients: Year 1**

### Introduction

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

### Survey Instructions

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

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

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

### Returning the Survey

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

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

**Background**

|  |  |
| --- | --- |
| 1. | What is your current occupation? |

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

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

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

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

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

**PEP Grant Target Population**

|  |  |
| --- | --- |
| 2. | How many youth has your PEP grant served to date? |
|  | Total number of youth:  |

|  |  |
| --- | --- |
| 3. | Does your PEP grant serve the entire youth population affiliated with your CBO? |
|  | a. Yes  | ❑ |  | **Skip to 5** |
|  | b. No  | ❑ |  |  |

|  |  |
| --- | --- |
| 4. | Please indicate the reason(s) why your PEP grant does not serve all the youth affiliated with your CBO.  |

|  |  |
| --- | --- |
| Reason not served | Check all that apply |
| a. Grant only targeted to reach certain groups (e.g., specific ages, students with special needs) | ❑ |
| b. Not enough funding | ❑ |
| c. Other, please specify:  | ❑ |

|  |  |
| --- | --- |
| 5. | Please indicate the age groups your PEP grant serves.  |

|  |  |
| --- | --- |
| Age | Check all that apply |
| a. Younger than 5 years of age | ❑ |
| b. 5 years old | ❑ |
| c. 6 years old | ❑ |
| d. 7 years old | ❑ |
| e. 8 years old | ❑ |
| f. 9 years old | ❑ |
| g. 10 years old | ❑ |
| h. 11 years old | ❑ |
| i. 12 years old | ❑ |
| j. 13 years old | ❑ |
| k. 14 years old | ❑ |
| l. 15 years old | ❑ |
| m. 16 years old | ❑ |
| n. 17 years old | ❑ |
| o. Older than 17 years of age | ❑ |

|  |  |
| --- | --- |
| 6. | Please indicate the number of youth your PEP grant has served within each age group to date. If your PEP grant does 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 | \_\_\_ |

|  |  |
| --- | --- |
| 7. | Of the population your PEP grant serves, please indicate if your grant has activities specifically targeted at reaching or accommodating any of the following groups. |

|  |  |
| --- | --- |
| Group | Check all that apply |
| a. Youth with physical disabilities | ❑ |
| b. Youth with learning disabilities | ❑ |
| c. Boys | ❑ |
| d. Girls | ❑ |
| e. Hispanic/Latino youth, of any race | ❑ |
| f. Black or African American youth | ❑ |
| g. Native American youth | ❑ |
| h. Youth of other race/ethnicity, please specify:  | ❑ |
| i. ELL/LEP students | ❑ |
| j. Students receiving free or reduced-price lunch | ❑ |
| k. Other, please specify:  | ❑ |

**PEP Grant Design and Implementation**

|  |  |
| --- | --- |
| 8. | From the following list, please indicate the type of personnel involved in the implementation of your PEP grant.  |

| Position | Check all that apply |
| --- | --- |
| a. CBO personnel  | ❑ |
| b. LEA/Board of Education/district administrator(s) | ❑ |
| c. School administrator(s) | ❑ |
| d. District financial director(s)/coordinator(s) | ❑ |
| e. Building and grounds director(s) | ❑ |
| f. Physical education (PE) coordinator(s) | ❑ |
| g. Physical education/health education teacher(s) | ❑ |
| h. District health/wellness coordinator(s) or committee | ❑ |
| i. Food/nutrition service coordinator(s) | ❑ |
| j. Nutritionist(s) | ❑ |
| k. Personnel from a local public health agency | ❑ |
| l. Health care professional(s; e.g., physician, RD, nurse) | ❑ |
| m. Official(s) from local government | ❑ |
| n. Official(s) from state government | ❑ |
| o. Mental health care professional(s; e.g., counselor, psychologist) | ❑ |
| p. Professional development provider(s) | ❑ |
| q. Grant writer(s) | ❑ |
| r. Curricula coordinator(s) | ❑ |
| s. Curricula developer(s) | ❑ |
| t. Athletic director(s) | ❑ |
| u. Administrative/clerical staff | ❑ |
| v. University personnel | ❑ |
| w. University students | ❑ |
| x. Students (beyond basic participation and self-recording) | ❑ |
| y. Parents | ❑ |
| z. Project evaluator(s) | ❑ |
| aa. Vendor(s) | ❑ |
| ab. Other, please specify:  | ❑ |

|  |  |
| --- | --- |
| 9. | How was the need for your PEP grant assessed?  |

|  |  |  |  |
| --- | --- | --- | --- |
| Method | Check all that apply |  |  |
| a. School Health Index (SHI) | ❑ |  |  |
| b. Tool developed by your CBO | ❑ |  | **Skip to 11** |
| c. Other, please specify:  | ❑ |  | **Skip to 11** |

|  |  |
| --- | --- |
| 10. | Please provide the **module score** from the overall score cards for the four modules of the School Health Index (SHI) self-assessment tool completed during the grant application process. In addition, please indicate those areas your PEP grant’s School Health Improvement Plan addressed. |

| Area | Module Score | Addressed in School Health Improvement Plan |
| --- | --- | --- |
| Check all that apply |
| a. School health and safety policies and environment | \_\_ | ❑ |
| b. Health education | \_\_ | ❑ |
| c. Physical education and other physical activity programs | \_\_ | ❑ |
| d. Nutrition services | \_\_ | ❑ |

**Skip to 12**

|  |  |
| --- | --- |
| 11. | Please provide the nutrition and physical activity **needs** identified by the needs assessment tool your CBO used for the PEP grant application. |
|  |  |
|  |

|  |  |
| --- | --- |
| 12. | Using the scale below, please indicate the extent to which each of the following physical fitness related components were a focus of your proposed PEP grant. If a component was not proposed to be addressed by your PEP grant, please indicate “1.”  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Not afocus | **2**Minimal focus | **3**Moderatefocus | **4**Significantfocus |

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

|  |  |
| --- | --- |
| 13. | Please indicate the **physical** activitiesyour CBO engaged in **before** receiving your current PEP grant, as well as those your PEP project has engaged in **since** receiving the grant. |

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

|  |  |
| --- | --- |
| 14. | Please indicate the **healthy eating habits and good nutrition** activitiesyour CBO engaged in **before** receiving your current PEP grant, as well as those your PEP project has engaged in **since** receiving the grant. |

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

|  |  |
| --- | --- |
| 15. | Has your PEP grant proposed to develop, revise, or enhance physical education and/or nutrition education curricula? |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 18** |

|  |  |
| --- | --- |
| 16. | Please select the best response related to your PEP grant’s use of the Physical Education Curriculum Analysis Tool (PECAT) or the healthy eating module of the Health Education Curriculum Analysis Tool (HECAT) to inform curricula development or changes.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Use | PECAT | HECAT |  |  |
| Select one per column | Select one per column |  |  |
| a. Did not use as part of the grant application and do not plan to use over the course of the PEP grant period | ❑ | ❑ |  | **Skip to 18** |
| b. Have not used, but plan to use during the PEP grant period | ❑ | ❑ |  | **Skip to 18** |
| c. Did not use as part of the grant application but have used during the period since the PEP grant was awarded | ❑ | ❑ |  |  |
| d. Used and submitted results as part of the PEP grant application | ❑ | ❑ |  |  |

|  |  |
| --- | --- |
| 17. | Please indicate how your PEP grant used the PECAT and/or HECAT to inform any curricula development or changes. |

|  |  |  |
| --- | --- | --- |
| Use  | PECAT | HECAT |
| Check all that apply | Check all that apply |
| a. Assessed the accuracy of the health, medical, and scientific information in written curriculum | ❑ | ❑ |
| b. Determined whether the curriculum content matches national standards | ❑ | ❑ |
| c. Determined whether there are protocols matched with each national standard to guide the assessments of student skills and abilities | ❑ | ❑ |
| d. Analyzed curriculum alignment with social norms among youth, families, and community members | ❑ | ❑ |
| e. Assessed affordability of curriculum  | ❑ | ❑ |
| f. Determined if curriculum content, materials, and instructional strategies can be successfully implemented by teachers within available time and with existing facilities and equipment | ❑ | ❑ |
| g. Created a PE curriculum revision or development committee | ❑ | ❑ |
| h. Developed new lessons, lesson plans, or learning activities | ❑ | ❑ |
| i. Developed new student assessment protocols to align with existing or new lessons, lesson plans, or learning activities | ❑ | ❑ |
| j. Developed a scope and sequence | ❑ | ❑ |
| k. Other, please specify:  | ❑ | ❑ |

|  |  |
| --- | --- |
| 18. | Please indicate how your PEP grant intends to develop, revise, or enhance **physical activity** policiesand **food- and nutrition-related** policies.  |

|  |  |  |
| --- | --- | --- |
| Policy action | Physical activity | Nutrition |
| Check all that apply | Check all that apply |
| a. Develop new policies | ❑ | ❑ |
| b. Revise or expand covered areas in current policies | ❑ | ❑ |
| c. Update mandates of the current policies according to state/federal standards | ❑ | ❑ |
| d. Improve implementation of physical education policies | ❑ | ❑ |
| e. Strengthen policy review  | ❑ | ❑ |
| f. Strengthen policy monitoring | ❑ | ❑ |
| g. Other, please specify:  | ❑ | ❑ |

|  |  |
| --- | --- |
| 19. | Using the scale below, please indicate the extent to which **physical activity** **policy elements** have changed as a result of your PEP grant.  |

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

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

|  |  |
| --- | --- |
| 20. | Using the scale below, please indicate the extent to which **food- and nutrition-related policy elements** have changed as a result of your PEP grant.  |

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

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

|  |  |
| --- | --- |
| 21. | Did your LEA have a local wellness policy established prior to applying for your current PEP grant? |
|  | a. Yes  | ❑ |  | **Skip to 23** |
|  | b. No  | ❑ |  |  |

|  |  |
| --- | --- |
| 22. | Does your PEP grant plan to develop a local wellness policy during the grant period? |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 25** |

|  |  |
| --- | --- |
| 23. | Prior to the PEP grant application, did you know about your LEA’s local wellness policy? |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  |  |

|  |  |
| --- | --- |
| 24. | Using the scale below, please indicate the extent to which your local wellness policy relates or will relate to the following **nutrition- and physical fitness-related** activities.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Norelation | **2**Minorrelation | **3**Moderaterelation | **4**Significantrelation |

|  |  |
| --- | --- |
| Nutrition- and physical fitness-related activity | 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. Opportunities to develop positive social and cooperative skills through physical activity participation | 1 | 2 | 3 | 4 |
| f. Opportunities for professional development for teachers of physical education  | 1 | 2 | 3 | 4 |
| g. Other, please specify:  | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 25. | Did your PEP grant project propose to align its goals with the goals and principles of the U.S. Department of Agriculture’s (USDA) HealthierUS School Challenge (HUSSC) initiative? |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  |  |

|  |  |
| --- | --- |
| 26. | Did your CBO use various technologies for physical fitness and/or healthy eating habits and good nutrition activities **before** your PEP grant was awarded? |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  |  |

|  |  |
| --- | --- |
| 27. | Does your PEP grant use and/or plan to use technology related to its activities? |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 29** |

|  |  |
| --- | --- |
| 28. | Please indicate the types of technologies that will be used during your PEP grant and if these will be supported with PEP grant funds. |

|  |  |  |
| --- | --- | --- |
| Technology  | Use | Supported by PEP funds |
| Check all that apply | Check all that apply |
| a. Computers for teachers (specifically affiliated with grant-related activities) | ❑ | ❑ |
| b. Exergaming Please specify type(s):

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

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

|  |  |
| --- | --- |
| 29. | Did your CBO conduct professional development activities for physical fitness and/or healthy eating habits and good nutrition **before** your PEP grant was awarded? |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  |  |

|  |  |
| --- | --- |
| 30. | Are professional development activities planned as part of your PEP grant? |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 35** |

|  |  |
| --- | --- |
| 31. | Please indicate the professional development topics that have been or will be offered by your PEP grant.  |

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

|  |  |
| --- | --- |
| 32. | Please indicate your PEP grant’s approaches to professional development training.  |

|  |  |
| --- | --- |
| Professional development approach | Check all that apply |
| a. Individually guided development | ❑ |
| b. Inquiry  | ❑ |
| c. Involvement in a development or improvement process  | ❑ |
| d. Observation and assessment | ❑ |
| e. Training (e.g., train-the-trainer, train everyone) | ❑ |
| f. Online resources (e.g., webinars) | ❑ |
| g. Other, please specify:  | ❑ |

|  |  |
| --- | --- |
| 33. | Please indicate who has been and/or will be the providers of the professional development training your PEP grant plans to offer.  |

|  |  |
| --- | --- |
| Professional development provider | Check all that apply |
| a. College or university  | ❑ |
| b. CBO  | ❑ |
| c. Federal government resource | ❑ |
| d. LEA or local private or public school  | ❑ |
| e. National association  | ❑ |
| f. State association  | ❑ |
| g. State or local health department  | ❑ |
| h. State or local education agency | ❑ |
| i. State or local government resource | ❑ |
| j. Vendor or contractor | ❑ |
| k. Other, please specify:  | ❑ |

|  |  |
| --- | --- |
| 34. | Please provide the percent of your PEP grant’s **proposed year 1 budget** that is allocated to professional development activities: |
|  |  | % of Year 1 Budget |

|  |  |
| --- | --- |
| 35. | Please indicate if your **CBO or, if applicable, an LEA partner** receives funds from or engages in the following programs. |

|  |  |
| --- | --- |
| Program | Participant or recipient |
| Select one per row |
| a. CDC’s Coordinated School Health program | Yes | No |
| b. USDA’s Team Nutrition initiative (Team Nutrition Training Grant) | Yes | No |
| c. Recovery Act Communities Putting Prevention to Work-Community Initiative | Yes | No |
| d. Any program authorized by the Richard B. Russell National School Lunch Act and the Child Nutrition and WIC Reauthorization Act of 2004 | Yes | No |

**Partnerships and Collaborations**

|  |  |
| --- | --- |
| 36. | Had your CBO established collaborations with community entities **prior** to receiving the current PEP grant? |
| a. Yes  | ❑ |  |  |
| b. No  | ❑ |  |  |

|  |  |
| --- | --- |
| 37. | Did your PEP grant application include an **official partner agreement**? |
| a. Yes  | ❑ |  |  |
| b. No  | ❑ |  | **Skip to 43** |

|  |  |
| --- | --- |
| 38. | Please identify the type of community entities that your PEP project partnered with **as part of an official partner agreement**. In addition, using the scale provided, please indicate the average level of involvement each has had in implementing your PEP grant project to date. |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Not involved at all | **2**Minorinvolvement | **3**Moderateinvolvement | **4**Significantinvolvement |

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

|  |  |
| --- | --- |
| 39. | Please indicate the average level of involvement your PEP grant partners have had in the following areas.  |

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

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

|  |  |
| --- | --- |
| 40. | Please indicate any benefits related to your PEP grant’s partnerships.  |

|  |  |
| --- | --- |
| Benefit | Check all that apply |
| a. Allows personnel to focus on specific areas of expertise | ❑ |
| b. Builds upon knowledge base | ❑ |
| c. Capability of reaching more of the targeted population | ❑ |
| d. Contributes additional personnel | ❑ |
| e. Offers access to additional resources | ❑ |
| f. Provides additional funding, either directly or through funding opportunities | ❑ |
| g. Other, please specify:  | ❑ |

|  |  |
| --- | --- |
| 41. | Please describe any factors that have facilitated your PEP grant’s partnership relationship(s). |
|  |  |
|  |
|  |

|  |  |
| --- | --- |
| 42. | Please indicate the extent to which the following have been challenges in maintaining your PEP grant’s partnerships to date.  |

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

|  |  |
| --- | --- |
| Challenge | Select one per row |
| a. Difficulty coordinating meetings and activities  | 1 | 2 | 3 | 4 |
| b. Diversion of time and resources away from other priorities or obligations of the PEP grant | 1 | 2 | 3 | 4 |
| c. Entities are not knowledgeable of project goals  | 1 | 2 | 3 | 4 |
| d. Difficulty communicating efficiently and in a timely manner | 1 | 2 | 3 | 4 |
| e. Diminished interest in project goals and activities | 1 | 2 | 3 | 4 |
| f. Lack of established effective communication channels  | 1 | 2 | 3 | 4 |
| g. The governance structure of the partnership(s) does not function 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 partners’ expectations on project activities | 1 | 2 | 3 | 4 |
| k. Interruption 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. Interruption due to personnel turnover in the primary PEP CBO | 1 | 2 | 3 | 4 |
| o. Other, please specify:  | 1 | 2 | 3 | 4 |

|  |  |
| --- | --- |
| 43. | Has your PEP project attempted to establish collaborations with community entities since being awarded the grant (i.e., collaborations or partnerships that are **not part of an official partner agreement**)? |
| a. Yes, we have established collaborations  | ❑ |  |  |
| b. Yes, but we have been unable to establish collaborations  | ❑ |  | **Skip to 47** |
| c. No, we have not attempted to establish collaborations  | ❑ |  | **Skip to 48** |

|  |  |
| --- | --- |
| 44. | Please identify any community entities that your PEP project has collaborated with that are**not part of an official partner agreement**. In addition, using the scale provided, please indicate the average level of involvement each has had in implementing your PEP grant project to date. |

|  |  |  |  |
| --- | --- | --- | --- |
| **1**Not involved at all | **2**Minorinvolvement | **3**Moderateinvolvement | **4**Significantinvolvement |

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

|  |  |
| --- | --- |
| 45. | Please indicate the average level of involvement your PEP grant collaborators (i.e., community entities **not part of an official partner agreement**) have had in the following areas.  |

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

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

|  |  |
| --- | --- |
| 46. | Please indicate any benefits related to your PEP grant’s collaborations with community entities.  |

|  |  |
| --- | --- |
| Benefit | Check all that apply |
| a. Allows personnel to focus on specific areas of expertise | ❑ |
| b. Builds upon knowledge base | ❑ |
| c. Capability of reaching more of the targeted population | ❑ |
| d. Contributes additional personnel | ❑ |
| e. Offers access to additional resources | ❑ |
| f. Provides additional funding, either directly or through funding opportunities | ❑ |
| g. Other, please specify:  | ❑ |

|  |  |
| --- | --- |
| 47. | Please indicate the extent to which the following have been challenges in establishing collaborations with community entities.  |

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

|  |  |
| --- | --- |
| Challenge | Select one per row |
| a. Difficulty coordinating meetings and activities  | 1 | 2 | 3 | 4 |
| b. Diversion of time and resources away from other priorities or obligations of the PEP grant | 1 | 2 | 3 | 4 |
| c. Entities are not knowledgeable of project goals  | 1 | 2 | 3 | 4 |
| d. Difficulty communicating efficiently and in a timely manner | 1 | 2 | 3 | 4 |
| e. Diminished interest in project goals and activities | 1 | 2 | 3 | 4 |
| f. Lack of established effective communication channels  | 1 | 2 | 3 | 4 |
| g. The governance structure of the collaboration(s) does not function 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. Interruption 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. Interruption due to personnel turnover in the primary PEP CBO | 1 | 2 | 3 | 4 |
| o. Other, please specify:  | 1 | 2 | 3 | 4 |

**PEP Grant Budget**

|  |  |
| --- | --- |
| 48. | What was the total amount of your PEP award for the entire grant period? |
|  | $  |  |

|  |  |
| --- | --- |
| 49. | Please provide the following information regarding your PEP grant budget.i) Indicate the percent of your **proposed** PEP grant year 1 budget that was allocated to the following categories; these should total to 100%.ii) Using the scale below, please indicate the option that best describes how much the **proposed** budget has needed to be revised to date for each of the categories.  |

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

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

|  |  |
| --- | --- |
| 50. | Please select the reason(s) budget revisions have been or will be necessary for the first year of your PEP grant.  |

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

**PEP Grant Measures and Outcomes**

|  |  |
| --- | --- |
| 51. | Please indicate if your CBO collected Body Mass Index (BMI) data **prior** to being awarded the current PEP grant.  |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  |  |

|  |  |
| --- | --- |
| 52. | Please select from the following options related to BMI data collection those that apply to your PEP grant.  |

|  |  |  |  |
| --- | --- | --- | --- |
| BMI measures | Check all that apply |  |  |
|  |  |
| a. BMI data collection **was not proposed** as part of the PEP grant and there currently are no plans to collect BMI data | ❑ |  | **Skip to 55** |
| b. BMI data collection was included as part of the PEP grant proposal  | ❑ |  |  |
| c. BMI data collection was implemented after the PEP grant was awarded | ❑ |  |  |
| d. BMI data were collected at the start of the2010–2011 school year (i.e., baseline/start of PEP project)  | ❑ |  |  |

|  |  |
| --- | --- |
| 53. | Please indicate the number of BMI data collections your PEP grant plans to conduct over the course of the first year of the grant:  |
|  |  | Number of times data has been collected to date |
|  |  | Number of additional times data will be collected |

|  |  |
| --- | --- |
| 54. | Please indicate how your PEP grant plans to use BMI measurements. |

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

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

|  |  |
| --- | --- |
| 55. | For each GPRA measure, please indicate whether data was collected from the entire population served by your PEP project or from a sample of the population served.  |

|  |  |  |  |
| --- | --- | --- | --- |
| Data collection | 1.1 | 1.2 | 1.3 |
| Check one | Check one | Check one |
| a. Collected data from the entire population served  | ❑ | ❑ | ❑ |
| b. Collected data from a sample of the population served | ❑ | ❑ | ❑ |

|  |  |
| --- | --- |
| 56. | For each GPRA measure, please indicate if the data collection period has taken place to date.  |

|  |  |  |  |
| --- | --- | --- | --- |
| Collection time | 1.1 | 1.2 | 1.3 |
| Check all that apply | Check all that apply | Check all that apply |
| a. Baseline | ❑ | ❑ | ❑ |
| b. 1st data collection | ❑ | ❑ | ❑ |
| c. 2nd data collection | ❑ | ❑ | ❑ |
| d. 3rd data collection | ❑ | ❑ | ❑ |
| e. 4th data collection | ❑ | ❑ | ❑ |
| f. Additional data collection | ❑ | ❑ | ❑ |

|  |  |
| --- | --- |
| 57. | Please indicate which of the uniform data collection methods your PEP grant used. If the method was used, please indicate how difficult it was to collect the required GPRA performance measures using the scale provided. |

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

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

|  |  |
| --- | --- |
| 58. | Please indicate if your CBO had used any of the data collection methods that are being used to collect GPRA performance measures **prior** to receiving your current PEP grant. |

|  |  |
| --- | --- |
| Data collection method | Check all that apply |
| a. Pedometer  | ❑ |
| b. 3-Day Physical Activity Recall (3DPAR)  | ❑ |
| c. 20-meter shuttle run  | ❑ |
| d. Nutrition-related questions from the Youth Risk Behavior Survey Measure  | ❑ |

|  |  |
| --- | --- |
| 59. | Please indicate any additional data collection methods your PEP grant used to collect physical activity, fitness, and/or nutrition information for the following age groups.  |

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

|  |  |
| --- | --- |
| 60. | Please indicate if your CBO had used any of the additional data collection methods **prior** to receiving your current PEP grant. |

|  |  |
| --- | --- |
| Measurement method | Check all that apply |
| a. Logs kept by parents | ❑ |
| b. Logs kept by students | ❑ |
| c. Observations by school personnel/staff | ❑ |
| d. Survey(s), please specify:  | ❑ |
| e. Accelerometers | ❑ |
| f. Heart rate monitors | ❑ |
| g. Other device(s), please specify:  | ❑ |
| h. Other, please specify:  | ❑ |

|  |  |
| --- | --- |
| 61. | For each age group, please indicate if your PEP grant includes plans to collect any of the following measures and if they were collected during the first grant year to date. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Outcome measure | 10 years & younger | 11-13 years | 14-17 years | 18 years & older | Collected 1st year  |
| Check all that apply | Check all that apply | Check all that apply | Check all that apply | Select one per row |
| a. Aerobic capacity (e.g., timed walking/running) | ❑ | ❑ | ❑ | ❑ | Yes | No |
| b. Balance | ❑ | ❑ | ❑ | ❑ | Yes | No |
| c. Cardio-vascular measures (e.g., blood pressure, heart rate) | ❑ | ❑ | ❑ | ❑ | Yes | No |
| d. Flexibility | ❑ | ❑ | ❑ | ❑ | Yes | No |
| e. Muscular endurance | ❑ | ❑ | ❑ | ❑ | Yes | No |
| f. Muscular strength | ❑ | ❑ | ❑ | ❑ | Yes | No |
| g. Nutrition | ❑ | ❑ | ❑ | ❑ | Yes | No |
| h. Obesity rate | ❑ | ❑ | ❑ | ❑ | Yes | No |
| i. FITNESSGRAM entire battery | ❑ | ❑ | ❑ | ❑ | Yes | No |
| j. Youth Risk Behavior Survey (other than nutrition-related items) | ❑ | ❑ | ❑ | ❑ | Yes | No |
| k. Other, please specify:   | ❑ | ❑ | ❑ | ❑ | Yes | No |

|  |  |
| --- | --- |
| 62. | Please indicate if your CBO collected any of the following measures **prior** to receiving your current PEP grant. |

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

|  |  |
| --- | --- |
| 63. | Using the scale below, please indicate how the GPRA performance measures relate to your PEP grant’s goals. |

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

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

**PEP Grant Implementation and Challenges**

|  |  |
| --- | --- |
| 64. | Please indicate the degree to which your PEP grant’s planned **year 1**activities were able to be implemented to date.  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
|  | Very few of the activities  | Less than half of the activities  | Half of the activities  | Majority of the activities  | All of the activities  |

|  |  |
| --- | --- |
| 65. | Have you implemented any approved unplanned activities since the grant cycle started?  |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 67** |

|  |  |
| --- | --- |
| 66. | Please describe any approved unplanned activities your PEP grant has been able to implement to date. |
|  |  |
|  |
|  |

|  |  |
| --- | --- |
| 67. | Please indicate any challenges you have encountered **to date** while implementing the first year of your PEP grant.  |

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

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

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

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

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

|  |  |
| --- | --- |
| 68. | Please describe the greatest difficulties your PEP grant has encountered in implementing the project as designed. |
|  |  |
|  |
|  |

|  |  |
| --- | --- |
| 69. | Has your PEP grant implemented any changes and/or strategies to address these challenges? |
|  | a. Yes  | ❑ |  |  |
|  | b. No  | ❑ |  | **Skip to 71** |

|  |  |
| --- | --- |
| 70. | Please indicate the strategies your PEP grant has implemented to address the challenges encountered to date.  |

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

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

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