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Basic Information

Form Approved
OMB No: 0920-1009
Exp. Date: 3/31/2017

Public Reporting burden of this collection of information is estimated at 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-1009).

The National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention (CDC) is gathering information from programs that assist children re-entering school after concussion or other traumatic brain injury (TBI). NCIPC wants to understand how "Return to Learn" (RTL) programs are practiced in the field and assist these

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The National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention (CDC) is gathering information from programs that assist children re-entering school after concussion or other traumatic brain injury (TBI). NCIPC wants to understand how "Return to Learn" (RTL) programs are practiced in the field and assist these programs in conducting evaluations. NCIPC would also like to obtain feedback on service deliveries and products that could support RTL programs. The information collected from this survey will be used to provide program evaluation feedback and to identify promising programs ready for more extensive assessment. Answering the following questions will help advance the knowledge of RTL programs and will guide NCIPC in addressing program evaluation needs.

CDC will provide program evaluation feedback if desired, regardless of how you answer these questions. CDC will also identify 2-4 programs to receive site visits, further assessment, and intensive evaluation assistance.

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Please help us by responding to all questions.

For the purposes of this survey, "program" is defined as an intervention, strategy, procedure, process, and/or activities implemented in the field with the intention to affect a change or achieve a particular impact.

*** 1. Program name**

*** 2. State(s) where program is being implemented (check all that apply)**

AL
 AK
 AZ
 AR

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VT
 SD
 TN
 TX
 UT
 VT
 VA
 WA
 WV
 WI
 WY

Other (please specify)

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3. Program website (if available)

*** 4. Program contact phone number (include area code, no spaces)**

5. Is this program part of your organization? (Self-nomination?)

6. If no, does this program know you are nominating them?

7. How is this program being funded?

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8. What personnel are needed to run the program?

9. Which of the following core components are included in the program?

Communication/linkage between medical and school communities

Existing relationship with other agencies or partners instrumental to the program

Interdisciplinary team

Training of school-based personnel

Screening/identification, assessment, and developmental monitoring

Accommodations and interventions to the learning environment

At least one Program monitor or coordinator

None of these

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Goals and Implementation

*** 10. Please describe the program you are nominating.**

i.e., How does it help students return to school after experiencing a concussion or any TBI?

11. What are the intended short and long term outcomes of this program?

A bulleted list of outcomes is sufficient.

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*** 12. How does the program facilitate information sharing about the student's injury between healthcare professionals and school personnel?**

*** 13. How long has this program been implemented?**

Please specify how long the program has been implemented as the nominated program or how long it has been implemented as part of another organization/state program from which this program was adapted.

*** 14. Who is supported by the program activities (i.e. target population)?**

Keep in mind there could be primary and secondary populations reached such as all school aged children, children playing sports at school, teachers, parents, athletic trainers, physicians, etc.

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15. Please briefly describe the characteristics of the target population(s) of the program being implemented.

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Information Collection and Assessment Efforts

* 16. What kind of information is currently collected or has been collected in the past on the program or the program participants?

This could include but is not limited to program acceptability, trainings conducted, supports received, referrals made, medical records, school records, health outcomes or learning outcomes. Please note whether or not this information is available for individual program participants.

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Evaluation Capacity Building and Needs

* 17. Please describe the program's relationship to stakeholders.

* 18. Does the program have any evaluators on staff or have access to evaluators who assist in program improvement and assessment?

* 19. Would evaluation tools be helpful in improving and assessing this program?

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20. If yes, what kinds of tools or resources would help administrators of this program better assess implementation and effectiveness?

Tools or resources related to:
(check all that apply)

- engaging partners
- logic modeling
- program planning
- developing evaluation questions
- developing evaluation indicators
- identifying data sources
- analyzing/interpreting qualitative and quantitative data
- sharing and using evaluation results
- Other (please specify)

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* 21. Would you be interested in a follow-up phone call with CDC to discuss the program and evaluation plans further?

no

22. If you are interested in a follow-up phone call for this program, please provide a phone number where a program administrator can be reached:

23. If you are interested in obtaining a summary of recommendations to assist you in future evaluation activities, please provide an address or electronic location for where the recommendation summary can be sent:

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THANK YOU

Thank you very much for taking the time to fill out our survey. If desired, a member from our team will contact you to discuss the program and evaluation plans further; otherwise, we will send you a summary of recommendations for future evaluation activities to the location you designated.

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