



To be completed by TAAG staff:			
School ID:	_____		
Form Code: <b>PMS</b>	Version: <b>C</b>	Series #: _____	Seq. #: _____

**Programs for Physical Activity Survey**  
 Process Evaluation: Programs for Physical Activity

Organization Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
           mm  dd   yy

**If you were not a member of a Planning Committee, please skip to Section II.**

**I. TAAG PPA Planning Committee Questions**

- How many PPA planning committee meetings did you attend? (*circle one*)
  - 0-2 meetings
  - 3-5 meetings
  - 6-8 meetings
  - More than 8 meetings

2. To what extent do you agree or disagree with the following statements:

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
This PPA Planning Committee has adequate representation of:				
a. School personnel	1	2	3	4
b. Community agency personnel	1	2	3	4
c. University personnel	1	2	3	4
d. Parents	1	2	3	4
e. Students	1	2	3	4

3. A PPA Planning Committee needs financial and other resources in order to work effectively and achieve its goals. For each of the following types of resources, to what extent does your TAAG PPA Planning Committee have what it needs to work effectively?

	<u>All</u>	<u>Most</u>	<u>Some</u>	<u>Almost None</u>	<u>None</u>	<u>Don't Know</u>
a. Funding to facilitate meetings	1	2	3	4	5	6
b. Space for meetings	1	2	3	4	5	6
c. Equipment (e.g., fax machines, computers, etc.)	1	2	3	4	5	6
d. Skills and expertise (e.g., leadership, marketing, public policy, administration, evaluation, community organizing, etc)	1	2	3	4	5	6

**II. Resources for Programs for Physical Activity**

4. How useful were the following resources for the development or implementation of new or modified physical activities?

	<b>Very Useful</b>	<b>Useful</b>	<b>Not very Useful</b>	<b>Not at all Useful</b>	<b>Did not receive</b>
a. TAAG Mini grants	1	2	3	4	5
b. The background information on your school and community provided by TAAG (Summary Report)	1	2	3	4	5
c. The TAAG grant resource book for obtaining additional funds for PPA Planning Committee activities or PPA programs	1	2	3	4	5
d. Physical Activity Session Checklist	1	2	3	4	5
e. Tip Sheet for Working with Adolescent Girls	1	2	3	4	5
f. Training on how to utilize TAAG promotional tools	1	2	3	4	5

5. Please add any comments you have related to resources for the development and implementation of new or modified TAAG PPA programs:

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**III. Perceived Effectiveness of the TAAG PPA**

To what extent do you agree or disagree with the following statements:

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't know</b>
6. The TAAG PPA has been effective in developing new or modified physical activity programs for girls.	1	2	3	4	5
7. The TAAG PPA has been successful in reducing barriers to girls' participation in physical activities.	1	2	3	4	5
8. The TAAG PPA has been successful in helping girls participate in existing physical activity programs in the community.	1	2	3	4	5
9. The TAAG PPA has been successful in reaching some girls who were not previously involved in after-school or community activity programs.	1	2	3	4	5

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't know</b>
10. The programs sponsored by TAAG PPA have been successful in recruiting girls to participate.	1	2	3	4	5
11. The programs sponsored by TAAG have been successful in keeping girls engaged in the activities.	1	2	3	4	5
12. TAAG has been successful in keeping girls active for a majority of the time spent in a program (or activity).	1	2	3	4	5
13. The TAAG PPA has been effective in obtaining funding for girls' physical activity programs.	1	2	3	4	5
14. TAAG has been effective in encouraging fun physical activity programs for girls and their families.	1	2	3	4	5

**IV. Perceived Benefits of Participation in TAAG PPA**

15. For each of the following benefits, please indicate the extent to which you agree or disagree that you or your organization have already received the listed benefit as a result of participating in the TAAG PPA.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
a. Enhanced ability to address an issue that is important to me and/or my organization	1	2	3	4
b. Acquired new knowledge or skills	1	2	3	4
c. Increased utilization of my expertise or my organizations' services	1	2	3	4
d. Developed valuable relationships/networks	1	2	3	4
e. Had a greater impact than I could have on my own or my organization could have on its own	1	2	3	4
f. Made a contribution to the community	1	2	3	4
g. Helped my organization achieve its goals	1	2	3	4

**V. TAAG PPA Challenges**

16. To what extent did you have the following resources in order to carry out new or existing PPA programs?

	<b>All</b>	<b>Most</b>	<b>Some</b>	<b>Almost None</b>	<b>None</b>	<b>Don't Know</b>
a. Space for physical activity (e.g. playing fields, gyms, etc.)	1	2	3	4	5	6
b. Money (to pay instructors, etc.)	1	2	3	4	5	6

	All	Most	Some	Almost None	None	Don't Know
c. Qualified instructors or coaches to deliver physical activity programs	1	2	3	4	5	6
d. Equipment (e.g., balls, mats, goals, other sports or gym type equipment)	1	2	3	4	5	6
e. Adequate transportation for students	1	2	3	4	5	6
f. Staff time to coordinate services and resources amongst schools and agencies	1	2	3	4	5	6
g. Supervision of girls during TAAG PPA	1	2	3	4	5	6

17. Please add any comments you may have about the extent of resources available to develop and implement new or modified physical activities:

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**VI. Background information**

18. How long have you been involved with TAAG PPA? (*circle one*)

- A. 6 months or fewer
- B. 6 months to one year
- C. One year or more

19. How would you rate your involvement in the TAAG PPA? (*circle one*)

- A. Not at all involved
- B. Somewhat uninvolved
- C. Somewhat involved
- D. Very involved

20. Do you represent the school? (*circle one*)

Yes

No (*If no, please skip to Question 21*)

a. What is your position in the school? (*check all that apply*)

- i.  Administrator
- ii.  Teacher
- iii.  Counselor
- iv.  Coach
- v.  Other, specify: \_\_\_\_\_

21. Do you represent a community agency? (*circle one*)

Yes

No (*If no, please skip to Question 22*)

a. If yes, what is your position in the agency?

A. Administrator

B. Activity Leader

C. Non-administrative Staff

D. Volunteer

E. Other, specify: \_\_\_\_\_

22. Do you represent a university? (*circle one*)

Yes

No (*If no, please skip to Question 23*)

a. If yes, what is your role in TAAG? \_\_\_\_\_

23. Are you a parent of a student at the school? (*circle one*)      Yes      No

24. Are you a student at the school? (*circle one*)

Yes

No (*If no, please skip to Question 25*)

a. If yes, what grade are you in? (*circle one*)

A. 6<sup>th</sup>

B. 7<sup>th</sup>

C. 8<sup>th</sup>

D. Other: \_\_\_\_\_

25. What is your gender? (*circle one*)      Male      Female

26. To what racial or ethnic group do you belong? (*check all that apply*)

a.  Caucasian (White, non-Hispanic)

b.  Black or African American

c.  Hispanic

d.  Asian / Pacific Islander

e.  American Indian or Alaska Native

f.  Other, specify: \_\_\_\_\_

27. Is there anything else you would like us to know about your experience working with TAAG PPA?

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\_\_\_\_\_  
\_\_\_\_\_