



To be completed by TAAG staff:				
Teacher ID:	_____			
Form Code:	PTQ	Version:	B	Series #: _____ Seq. #: _____

**PE TEACHER QUESTIONNAIRE**  
Process Evaluation: Physical Education

1. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(mm dd yyyy)

2. I teach Physical Education at the following school: \_\_\_\_\_

3. I am a: (check **all** that apply)

- a.  Physical education specialist
- b.  Classroom teacher

4. I have taught Physical Education for \_\_\_\_\_ years.

5. Please circle **one** number for each item below that best represents your feelings about the TAAG Physical Education philosophy:

	Very Unfavorable		Mixed	Very Favorable	
a. My overall reaction to the TAAG PE philosophy:	1	2	3	4	5
b. In my opinion, my students' overall reaction to TAAG PE:	1	2	3	4	5
	None at All		A Few	A Lot	
c. I made changes based on TAAG:	1	2	3	4	5
	Very Difficult		Mixed	Very Easy	
d. I found making changes in PE based on TAAG:	1	2	3	4	5
	Not at All Beneficial		Mixed	Very Beneficial	
e. How beneficial do you think TAAG PE has been for your students?	1	2	3	4	5

Please circle **one** number for each item below:

	Not at all		Somewhat	Very Well	
6. How well did the TAAG PE <b>Teacher Workshops</b> prepare you to implement TAAG PE?	1	2	3	4	5
7. How well did the TAAG PE <b>Follow-up Support Visits</b> assist you in implementing TAAG PE?	1	2	3	4	5

8. How often did you use the following TAAG PE Resources? (*circle **one** number per item*)

	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Frequently</b>
a. The TAAG PE <b>Teacher’s Guidebook</b> :	1	2	3	4
b. The TAAG PE <b>Task Cards</b> :	1	2	3	4
c. The TAAG PE <b>Activity Box</b> :	1	2	3	4
d. The TAAG PE <b>Handouts</b> (e.g. Tip Sheets):	1	2	3	4

9. Which of the following activity types from the TAAG PE Activity Box have you used? (*check **all** that apply*)

- a.  Warm Up
- b.  Health-Related Fitness (e.g. circuits, activity hunts, pedometers)
- c.  Skill Builders & Mini Games (e.g. jump rope, basketball, soccer)
- d.  Dance & Rhythmic Movements (e.g. jump bands)
- e.  Stunts & Tumbling
- f.  Cooperatives or Cultural Games
- g.  Group Fitness (e.g. kickboxing, step aerobics)
- h.  Management Activities

Please circle **one** number for each item below:

	<b>Strongly Disagree</b>		<b>Mixed</b>		<b>Strongly Agree</b>
10. “TAAG helped our PE department clarify our PE goals.”	1	2	3	4	5
11. “I believe my PE instruction improved because of my participation in TAAG.”	1	2	3	4	5
12. “Our school administration supported changes we made in PE.”	1	2	3	4	5
13. “TAAG intervention personnel provided quality instruction and support.”	1	2	3	4	5

Please circle **one** number for each item below:

	<b>Strongly Disagree</b>		<b>Mixed</b>		<b>Strongly Agree</b>	<b>Don't Know</b>
14. "I believe TAAG PE resulted in greater participation of girls in PE class."	1	2	3	4	5	
15. "I believe TAAG PE resulted in an increase in the physical activity level of girls in PE class."	1	2	3	4	5	
16. "I believe TAAG PE resulted in girls' increased enjoyment of PE class."	1	2	3	4	5	
17. "I believe TAAG PE resulted in girls increasing their out-of-school physical activity."	1	2	3	4	5	6

Please circle **one** number for each item below:

	<b>Not at All</b>		<b>To Some Extent</b>		<b>To a Great Extent</b>
18. To what extent do you plan to continue using TAAG PE next year?	1	2	3	4	5

a. Please Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Thank you for your feedback on the TAAG program!**