



To be completed by TAAG staff:

Teacher ID: _____

Form Code: **PTQ** Version: **C** Series #: **41** Seq. #: _____

PE TEACHER QUESTIONNAIRE
Process Evaluation: Physical Education

1. Date: ____/____/20____
(mm dd yy)

2. I teach Physical Education at the following school: _____

3. I am a: (*check **all** that apply*)
 - a. Physical education specialist
 - b. Classroom teacher
 - c. Other (specify: _____)

4. I have taught Physical Education for ____ years.

5. Have you taught PE *at this school* for all of the past 3 years (including this year)? (*circle one*)

Y Yes
N No

6. In how many TAAG PE Teacher Workshops have you participated: (*circle one*)
 - A. None (0)
 - B. Don't remember, but at least 1
 - C. 1 workshop
 - D. 2 workshops
 - E. 3 workshops
 - F. 4 workshops
 - G. 5 workshops
 - H. 6 workshops

7. How difficult was it for you to do the following in your PE lessons this school year?
(circle **one** number per item)

Objective	Not at all difficult	2	Somewhat difficult	4	Very difficult
a. Have students spend at least 50% of class time engaged in moderate-to-vigorous physical activity	1	2	3	4	5
b. Provide students with sufficient opportunities to participate and practice skills	1	2	3	4	5
c. Provide students with opportunities to be successful and enjoy physical activity	1	2	3	4	5
d. Encourage students to be active outside of class	1	2	3	4	5

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

	Never	Rarely	Sometimes	Frequently
a. TAAG PE Teacher's Guidebook	1	2	3	4
b. TAAG PE Task Cards	1	2	3	4
c. TAAG PE Activity Box	1	2	3	4
d. TAAG PE Handouts (e.g. Tip Sheets)	1	2	3	4
e. Music/Videos provided by TAAG	1	2	3	4

9. To what extent did you use the following activities from the TAAG PE Activity Box or Task Cards this year? (circle **one** number per item)

Activity	Not used at all		Used to some extent		Used to a great extent	
	1	2	3	4	5	
a. Warm Up	1	2	3	4	5	
b. Health-Related Fitness (e.g. circuits, activity hunts, pedometers)	1	2	3	4	5	
c. Skill Builders & Mini Games (e.g. jump rope, basketball, soccer)	1	2	3	4	5	
d. Dance & Rhythmic Movements (e.g. jump bands)	1	2	3	4	5	
e. Stunts & Tumbling	1	2	3	4	5	
f. Cooperatives or Cultural Games	1	2	3	4	5	
g. Group Fitness (e.g. kickboxing, step aerobics)	1	2	3	4	5	
h. Management Activities	1	2	3	4	5	

Please circle **one** number to indicate how much you agree or disagree with each of the following statements:

	Strongly Disagree		Mixed		Strongly Agree		Don't Know	
	1	2	3	4	5			
10. "Our school administration supports using the TAAG PE philosophy."	1	2	3	4	5			
11. "I believe TAAG PE resulted in greater participation of girls in PE class."	1	2	3	4	5			
12. "I believe TAAG PE resulted in an increase in the physical activity level of girls in PE class."	1	2	3	4	5			
13. "I believe TAAG PE resulted in girls' increased enjoyment of PE class."	1	2	3	4	5			
14. "I believe TAAG PE resulted in girls increasing their out-of-school physical activity."	1	2	3	4	5		6	

	Not at All		To Some Extent		To a Great Extent
15. To what extent do you plan to continue using the TAAG PE philosophy next year? (<i>circle one</i>)	1	2	3	4	5

a. Please Explain: _____

Thank you for your feedback on the TAAG program!