



To be completed by TAAG staff:			
Program ID:	_____		
Form Code:	PFS	Version:	C
Series #:	___	Seq. #:	___

PARTICIPANT FEEDBACK SURVEY
Process Evaluation: Programs for Physical Activity

Name of Physical Activity Program: _____

Program Start Date: ____/____/20____
mm dd yy

To be completed by Student:

1. Today's Date: ____/____/20____
mm dd yy
2. Gender: (circle **one**) Male Female
3. What school do you attend? _____
4. Grade: _____
5. 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
 - f. Other: _____
6. Did you have fun doing this activity?

	No Way!		It was OK		Absolutely!
	1	2	3	4	5
7. Did any of your friends attend the activity with you? (*circle **one***) Yes No
8. How many sessions of the program have you been able to attend? _____
9. How did you learn about this program? (*check **all** that apply*)
 - a. P.E. teachers
 - b. Other teachers
 - c. Newsletter
 - d. Posters or signs in schools
 - e. Friends
 - f. Agency or organization outside of school
 - g. Family
 - h. Other: _____