

To be completed by TAAG staff:					
Program ID:	·				
Form Code: PIF	Version: D	Series #: 41	Seq. #:		

Program Information Form
Process Evaluation: Programs for Physical Activity 8B
Form can be completed by activity leader, program champion, or TAAG staff

1.	Name of Program:				
2.	School Name:				
3.	Was the program location at: (circle one) A. School B. Not on school grounds				
4.	Program Start Date://20 Program End Date://20 mm dd yy				
5.	Average number of times program meets/met per week:				
6.	Average number of minutes per session:				
7.	Time of day when program occurred: (check all that apply) a. Before School b. Lunch-time c. After school d. During class-time outside of PE class e. Other, please specify:				
8.	Who participated in the program:				
	a. Gender (check <i>all</i> that apply) i. Boys ii. Girls				
	b. Grade Level (check <i>all</i> that apply) i.				
	c. Approximate average number of people who attended each session (circle one):				
	A. 1-10 D. 31-40 B. 11-20 E. 41-50 C. 21-30 F. more than 51 students				

9.	a.	Was the program leader a school staff member? (circle one)
	Υ	Yes
	N	No
		Were resources other than school resources used for this Program (e.g., money, facilities, uipment)? (circle one)
	Υ	Yes
	Ν	No
10	Co	omments: