TAAAG
-------

To be completed by TAAG staff:				
Program ID:				
Form Code: PIF	Version: <b>D</b>	Series #: <b>41</b>	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: ( <i>circle <b>one</b></i> ) 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: ( <i>check all that apply</i> ) 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. Description Boys ii. Description Girls
	b. Grade Level (check <i>all</i> that apply) i 6th ii 7th iii 8th iv Not sure
	c. Approximate average number of people who attended each session <i>(circle <b>one</b>):</i> A. 1-10 D. 31-40 B. 11-20 E. 41-50

B. 11-20E. 41-50C. 21-30F. more than 51 students

- 9. a. Was the program leader a school staff member? (circle one)
  - Y Yes
  - N No

b. Were resources other than school resources used for this Program (e.g., money, facilities, equipment)? (circle **one**)

- Y Yes
- N No

10. Comments: