



To be completed by TAAG staff:

School ID: _____

Form Code: **PSB** Version: **A** Series #: ____ Seq. #: ____

School Physical Activity Interview

Process Evaluation: Context and Secular Trends

To be filled out for each activity.

(TAAG staff to fill out Name, TAAG middle school)

1. Sponsor's Name: _____ 2. Today's Date: ____/____/____
mm dd yyyy
3. TAAG Middle School: _____

Please complete one form for each physical activity class or program. PLEASE RECORD INTEGERS--DO NOT RECORD RANGES.

4. Name of physical activity program: _____
5. Program Start Date: ____/____/____ 6. Program End Date: ____/____/____
mm dd yyyy mm dd yyyy
7. What grade level(s) were/are involved in the program? (check **all that apply**)
- a. 6th
 - b. 7th
 - c. 8th
8. How long, in weeks, did/will the program run? (include weeks the program was scheduled to meet, do not include school vacations or other scheduled breaks) ____ ____
9. How many days per week did/will the program meet? (if number of days varies week to week, use an average) ____ . ____
10. What was/will be the length of each session, in minutes, for the program? (if length of session varies, use an average and round to the nearest whole number) ____ ____ ____

Ask Question 11 when programs have already occurred or are occurring now.

11. Please give the approximate number of:
- a. boys attending: ____ ____ ____
 - b. girls attending: ____ ____ ____