

BE ACTIVE KIDS®

Follow-Up Survey
(1 & 3 Months)

“What are you doing to get more kids, more active, more often?”

Your Name: _____

Trainer's Name: _____

Training Date: _____

Directions: Read the questions carefully and select the most appropriate response by either placing a check in the box or filling in the blank space next to the response.

- 1. What survey are you submitting?** 1 Month 3 Month
- 2. How much time do your children spend in high levels of physical active each day (while under your care)?**
 0-29 minutes 60-119 minutes
 30-59 minutes 120 minutes or more
- 3. How many of those minutes are spent:**
Structured (teacher-led)
Unstructured (student-led)
- 4. Which of the following topics have you addressed at your childcare center/school *related to physical activity*?**
 Commit to increasing physical activity Parent education and communication Modify indoor and outdoor space to increase activity
 Assessing current practices Policies Appropriate equipment
 Goals & action planning Community involvement Staff wellness
 Use physical activity curriculum or include in your activity plans
- 5. How have you used the Be Active Kids training to promote physical activity in your classroom? Check all that apply.**
 Planned and led more structured activities Used physical activities during transitions
 Offered more opportunities/time for unstructured physical activity
 Provided more opportunities and equipment for active play
 Incorporate fundamental motor skills and movement concepts into physical activity
 Integrated physical activity into existing plans
 Other: _____
- 6. How often do you use the Movement Guide Kit?**
 Daily Weekly Monthly
 Quarterly I don't use it

7. Please indicate your usage of the Movement Guide sections/contents.

	Daily	Weekly	Monthly	Never Use
Getting Kids Moving: Introduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Let's Get Started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making Storytime Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toddlers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toddlers/Twos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschoolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twos/Preschoolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toddlers/Twos/Preschoolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glossary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What is the greatest barrier or challenge to you incorporating more physical activity at this point in time? Please check all that apply.

- Lack of physical activity equipment
- Lack of time
- Lack of financial resources
- Lack of knowledge about physical activity
- The kids don't like to be active
- I use another curriculum
- I personally don't like the curriculum
- I don't like being active
- I just don't see the benefits
- Other: _____

9. What would help you use the Be Active Kids program on a more regular and frequent basis?

- Physical activity equipment (balls, hoops, etc)
- Webinars on various physical activity topics
- More physical activity ideas (handouts, age specific lessons, etc)
- Staff Wellness program
- Center/school has policies that require more physical activities
- Gift incentive or awards for using the program

10. Do you have your own copy of a Movement Guide or do you share one with others in your center/school?

- I use a shared copy
- I have my own copy

11. If you use a shared Movement Guide, would you use the Movement Guide more often if you had your own copy?

- Definitely No
- No
- Probably No
- Probably Yes
- Yes
- Definitely Yes

12. What is one thing you have done differently because of your work with Be Active Kids?

13. Please provide shipping address below so that we can match your survey with your original training information.

Center/School: _____

Address: _____

City: _____

Zip Code: _____

14. If you didn't receive your own copy of the Be Active Kids Movement Guide at the Be Active Kids training and have indicated above that you have used the Be Active Kids Movement Guide on a consistent basis, we will send you your own copy. Are you in need of your own Movement Guide?

No Yes

Completed surveys can be emailed, faxed, or mailed to Be Active Kids.

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