

NAME: _____

Email/Phone Number: _____



Curriculum Use Survey for Providers

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. Please mail or fax your completed survey to Be Active North Carolina, *address provided at the bottom of the page*, after eight weeks. **Incentives will be provided** for returning this survey along with your Curriculum Use Log Sheet. **Thank you for your help.**

1. When did you complete your Be Active Kids training session?

When? Trainer's Name:

2. On average, how often have you used the Be Active Kids program since you completed your training?

Once a day Once or twice a month Never
 Once or twice A few times a Quarter
 Other How often?

3. Since your training, the frequency of your use of the Be Active Kids program has ...

increased over time. decreased over time. remained the same.

4. If you have not used the program on a frequent and regular basis, what would you say is the reason(s) that you have not used the program? (select all that apply)

Not enough time I use another curriculum:
 Not required I just don't see the benefits
 Lack of financial resources I personally don't like it
 Forget about it Other:
 The kids don't like it

5. What might motivate you to use the Be Active Kids program on a more frequent and regular basis?

Program assistance Public recognition or award
 Gift incentive or award Credit towards Star Rating
 Curriculum changes:
 Other:

6. Any other comments or suggestions? If so provide detailed information below and/or on the back.

Additional forms are available on our website: www.beactivekids.org. We encourage you to print new forms and submit them on a regular basis to receive additional incentives. These incentive options may also be found on our website.