

Playground Stencil Assessment

Observation: PRE POST County: _____ Form Completed By: _____

Date: _____ Site: _____ Day of the Week: _____

Time: _____ am/pm Number of Classes: _____ Grade Levels: _____

Total Reach (Unduplicated number of students that use the stencils during the reporting year): _____

INSTRUCTIONS FOR COUNTING STUDENTS AND ADMINISTRATION:

For counting students in the questions below, always scan from LEFT to RIGHT. Observe each student in the area once. If an observed student reappears in the scan area, do not record a second time. Do not back-track to count new children entering the scan area. Administer the PRE assessment 1-2 weeks before you paint the playground stencils. The POST assessment should be conducted at least 2 weeks following but within two months of the unveiling of the painted stencils at the site. Conduct 2-3 observations during the day (am/pm outside play times, recess, lunch, etc.) capturing all student ages/grades. Survey as many teaching staff as possible of those observing students on the playground and engage the SAME teachers pre and post. PRE and POST scan observations should be conducted on the same day(s)/time(s). *NOTE: Please do not complete the assessment on a day with extreme temperatures, poor weather conditions, or poor air quality limiting students' physical activity.*

PRE and POST – PLAYGROUND SCAN

1.	How many total students are in the play space? <i>(Stand where you can see the entire play space.)</i>	___ STUDENTS
2a.	How many students are actively playing in the play space? <i>(Walking, running, dancing, playing sports/tag, jumping rope, skipping, or other active play)</i>	___ STUDENTS
2b.	How many students are actively playing in the playground space... <ul style="list-style-type: none"> • (PRE) ...where the stencils will be painted? • (POST) ...on the playground stencils? 	___ STUDENTS
3.	How many students are sedentary? <i>(Sitting down, not walking, reading books, eating snacks, or very inactive)</i>	___ STUDENTS
4.	Do teaching staff encourage students to be physically active? <i>If YES, describe how:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Is playground equipment available for students to use? <i>(balls, hoops, bikes, etc.)</i> <i>If YES, describe the <u>equipment</u> and use:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Are there any physical structures for students to play on? <i>(play structures, swings, slides, monkey bars, etc.)</i> <i>If YES, describe the <u>physical structures</u> and use:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Are there any creative play activities/structures set up for students? <i>(playhouse, house/kitchen corner, blocks, coloring station, water play table, sand box, etc.)</i> <i>If YES, describe the <u>creative play activities/structures</u> and use:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

8.	<p>Please check the types of stencils painted on the playground:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> None/NA <input type="checkbox"/> Number Hopscotch <input type="checkbox"/> Letter Hopscotch <input type="checkbox"/> Bull's Eye Toss <input type="checkbox"/> Shapes (circle, square, diamond, pentagon, heart, star) <input type="checkbox"/> Numbers 0-9 <input type="checkbox"/> Letters A-Z <input type="checkbox"/> Playground pond (frog, lily pad, dragonfly, duck, turtle, cattails, fish) <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other (specify): </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Words (crawl, cross, hop, swim, walk, fly, etc.) <input type="checkbox"/> Wall target toss <input type="checkbox"/> Footprints <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Spanish letters (ll, ch, rr, and ñ) <input type="checkbox"/> Traffic (bike, cross walk, yield, stop, speed limit) <input type="checkbox"/> Playground Paths <input type="checkbox"/> MyPlate (four square) <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other (specify): </td> </tr> </table>	<input type="checkbox"/> None/NA <input type="checkbox"/> Number Hopscotch <input type="checkbox"/> Letter Hopscotch <input type="checkbox"/> Bull's Eye Toss <input type="checkbox"/> Shapes (circle, square, diamond, pentagon, heart, star) <input type="checkbox"/> Numbers 0-9 <input type="checkbox"/> Letters A-Z <input type="checkbox"/> Playground pond (frog, lily pad, dragonfly, duck, turtle, cattails, fish) <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Words (crawl, cross, hop, swim, walk, fly, etc.) <input type="checkbox"/> Wall target toss <input type="checkbox"/> Footprints <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Spanish letters (ll, ch, rr, and ñ) <input type="checkbox"/> Traffic (bike, cross walk, yield, stop, speed limit) <input type="checkbox"/> Playground Paths <input type="checkbox"/> MyPlate (four square) <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other (specify):
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ADDITIONAL OBSERVATIONS *(Note any physical activity events/promotions held on the assessment day --Jump for Heart, Walk/Bike to School Day; relevant teacher or student quotes; age-appropriateness; other significant observations such as playing soccer on top of the stencils/not using the stencils, no ball for four square, etc.)*

First letter of your FIRST name	First letter of your LAST name	Birth MONTH	Birth DAY
A-Z	A-Z	01-12	01-31
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PRE-TEST – QUESTIONS FOR TEACHING STAFF OBSERVING STUDENTS
ON THE PLAYGROUND** (Survey as many **TEACHERS, INSTRUCTIONAL ASSISTANTS, TEACHERS
AIDES, OR OTHER ADULTS OBSERVING STUDENTS** as possible and the **SAME** teachers pre and post.)

TEACHER ID#:

1.	Were you provided with support materials to help facilitate physical activities for students using the playground stencils?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Have you been trained on how to facilitate physical activities? (mark all that apply) For YES, other , describe training:	<input type="checkbox"/> YES, CATCH <input type="checkbox"/> YES, other <input type="checkbox"/> NO
3.	Would you be interested in being trained?	<input type="checkbox"/> YES, stencil use <input type="checkbox"/> YES, CATCH <input type="checkbox"/> NO
4.	Do you use the playground to teach academic concepts through movement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDITIONAL COMMENTS OR FEEDBACK (Describe other physical activity promotion/supports such as classroom physical activity breaks, organized monthly themes for physical activity—such as October/walking, November/dancing, etc., incorporating active games into outside play times, etc.)		

First letter of your FIRST name	First letter of your LAST name	Birth MONTH	Birth DAY
A-Z	A-Z	01-12	01-31
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PRE-TEST – QUESTIONS FOR TEACHING STAFF OBSERVING STUDENTS
ON THE PLAYGROUND** (Survey as many **TEACHERS, INSTRUCTIONAL ASSISTANTS, TEACHERS
AIDES, OR OTHER ADULTS OBSERVING STUDENTS** as possible and the **SAME** teachers pre and post.)

TEACHER ID#:

1.	Were you provided with support materials to help facilitate physical activities for students using the playground stencils?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Have you been trained on how to facilitate physical activities? (mark all that apply) For YES, other , describe training:	<input type="checkbox"/> YES, CATCH <input type="checkbox"/> YES, other <input type="checkbox"/> NO
3.	Would you be interested in being trained?	<input type="checkbox"/> YES, stencil use <input type="checkbox"/> YES, CATCH <input type="checkbox"/> NO
4.	Do you use the playground to teach academic concepts through movement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDITIONAL COMMENTS OR FEEDBACK (Describe other physical activity promotion/supports such as classroom physical activity breaks, organized monthly themes for physical activity—such as October/walking, November/dancing, etc., incorporating active games into outside play times, etc.)		

POST-TEST – QUESTIONS FOR TEACHING STAFF OBSERVING STUDENTS

ON THE PLAYGROUND (Survey as many TEACHERS, INSTRUCTIONAL ASSISTANTS, TEACHERS AIDES, OR OTHER ADULTS OBSERVING STUDENTS as possible and the SAME teachers pre and post.)

First letter of your FIRST name	First letter of your LAST name	Birth MONTH	Birth DAY
A-Z	A-Z	01-12	01-31
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TEACHER ID#:

1.	Were you provided with support materials to help facilitate physical activities for students using the playground stencils? <ul style="list-style-type: none"> If YES, are you using them? If NO, describe any additional support you need: 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Have you been trained on how to facilitate physical activities? (mark all that apply) For YES, other , describe training:	<input type="checkbox"/> YES, CATCH <input type="checkbox"/> YES, other <input type="checkbox"/> NO
3.	Have you been trained on how to facilitate physical activities for students using the playground stencils? If YES , describe how:	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Do you use the playground to teach academic concepts through movement? If YES , describe how:	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Do you encourage students to use the playground stencils? If YES , describe how:	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Do you facilitate physical activities for students using the playground stencils? If YES , describe how:	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Do you participate in physical activities <u>with students</u> using the playground stencils? If YES , describe how:	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Have you seen any change in students' physical activity since the playground stencils were painted? If YES , describe how:	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Do you use playground stencils to infuse physical activity into the school day outside of the set outdoor break times (am/pm outside play, recess, lunch, etc.)? If YES , describe how:	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	What area of the playground stencils has generated the most interest and/or activity?	
11.	Do you have recommendations for future playground stenciling?	

ADDITIONAL COMMENTS OR FEEDBACK (Describe other physical activity promotion/supports such as classroom physical activity breaks, organized monthly themes for physical activity—such as October/walking, November/dancing, etc., incorporating active games into outside play times, etc.)