SPARK
Final Evaluation

Your assessments are very important in helping us improve The SPARK Programs.

I. Please provide the following background information:

A. Date ____/_____/_____ B. SPARK Trainer(s): _____

C. I teach SPARK PE at the following school/center/agency/program: _____

D. I instruct(ed) children in grade(s)/age(s) (please circle): _____

E. I am a: ___ Physical Education Specialist ___ Classroom Teacher ___ Agency Provider

___ Youth Administrator ___ Preschool Teacher ___ Agency/Center Director

___ Other (please specify) _____

II. Please circle the number that best represents your feelings about aspects of SPARK:

1. My overall impression of SPARK.

Completely dissatisfied Mixed Completely Satisfied
1 2 3 4 5 6 7

2. My children's overall impression of SPARK.

Completely dissatisfied Mixed Completely Satisfied
1 2 3 4 5 6 7

3. Compared to other programs, how much preparation time did SPARK take?

Much more About the Same Much Less
1 2 3 4 5 6 7

4. I found <u>preparing</u> for SPARK lessons to be:

Overwhelming Mixed Very Easy
1 2 3 4 5 6 7

5. I found <u>instructing</u> SPARK lessons to be:

Overwhelming Mixed Very Easy
1 2 3 4 5 6 7

6. How beneficial was SPARK for your children?

Not at all Beneficial Mixed Extremely Beneficial
1 2 3 4 5 6 7

PLEASE TURN OVER

7. How useful was the training program for teaching SPARK?

Not at all Useful			Mixed			Extremely Useful
1	2	3	4	5	6	7

8. The SPARK text was:

Very Unclear			Mixed			Very Clear
1	2	3	4	5	6	7

III. Please indicate your level of agreement with the following statements:

9. "SPARK met our Physical Activity goals better than prior programs."

Strongly Disagree			Mixed			Strongly Agree
1	2	3	4	5	6	7

10. "I believe children who participated in SPARK will continue to be more active as a result of the program."

Strongly Disagree			Mixed			Strongly Agree
1	2	3	4	5	6	7

11. "I would recommend the SPARK program to others in my profession."

Strongly Disagree			Mixed			Strongly Agree
1	2	3	4	5	6	7

IV. We are interested in your ideas and suggestions, please respond to the following questions *(please be as specific as possible):*

12. What should be <u>added</u> or <u>deleted</u> from the <u>SPARK text</u>?

13. What should be <u>added</u> or <u>deleted</u> from the <u>SPARK Training program</u>?

V. This question is about the level of SPARK <u>support you would like in the near future</u>.

14. How many hours of SPARK training would you like to receive <u>next year</u>?

0	1-3	4-6	7-9	10-12	12+

15. Any other comments?