|  |
| --- |
| *This survey is to be completed by the school staff person who is the designated Point of Contact for [PROGRAM NAME]. It may also be filled out by an additional school staff person on the day of the clinic if the point of contact is not available.* |

# About you and your school

1. **Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Which of the following best describes your job title?**

◻Principal or Administrator ◻Teacher

◻Administrative staff (front office) ◻Other, please specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Please tell us about your role and activities for [PROGRAM NAME] (check all that apply):**

◻I am the designated Point of Contact for [PROGRAM NAME] at my school

◻I helped in advance of Vaccine Day (e.g. notified staff/students/parents, distributed consent forms, etc.)

◻I helped on Vaccine Day

◻None of the above

1. **Did you recruit parent volunteers to help with [PROGRAM NAME]?**

◻ Yes ◻No ◻Don’t know

# how your school promoted [PROGRAM NAME]

**The following activities were not required/expected, but we are interested to learn about anything schools did to promote [PROGRAM NAME].**

|  |  |  |  |
| --- | --- | --- | --- |
| **5. How did you notify students about [PROGRAM NAME]?** | **Yes** | **No** | **Don’t know** |
| Wrote date on banner hanging outside school  | ◻ | ◻ | ◻ |
| Put up posters around the school | ◻ | ◻ | ◻ |
| Made announcement during a school assembly | ◻ | ◻ | ◻ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ◻ | ◻ | ◻ |

|  |  |  |  |
| --- | --- | --- | --- |
| **6. How did you notify parents/guardians about [PROGRAM NAME]?** | **Yes** | **No** | **Don’t know** |
| During Back to School night | ◻ | ◻ | ◻ |
| School registration materials | ◻ | ◻ | ◻ |
| School newsletter | ◻ | ◻ | ◻ |
| Website/social media | ◻ | ◻ | ◻ |
| Hard copy letter or flier | ◻ | ◻ | ◻ |
| Email | ◻ | ◻ | ◻ |
| Robo-calls to parents/guardians | ◻ | ◻ | ◻ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ◻ | ◻ | ◻ |

|  |  |  |  |
| --- | --- | --- | --- |
| **7. How did you notify teachers about [PROGRAM NAME?** | **Yes** | **No** | **Don’t know** |
| Staff meeting | ◻ | ◻ | ◻ |
| Email | ◻ | ◻ | ◻ |
| Hard copy letter/memo | ◻ | ◻ | ◻ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ◻ | ◻ | ◻ |

|  |  |  |  |
| --- | --- | --- | --- |
| **8. How did you encourage teachers and students to return consent forms?** | **Yes** | **No** | **Don’t know** |
| Reminded teachers to collect forms | ◻ | ◻ | ◻ |
| Volunteer/staff person picked up consent forms from classrooms | ◻ | ◻ | ◻ |
| Created a goal or competition for returning consent forms | ◻ | ◻ | ◻ |
| Followed-up with families that had not returned consent forms | ◻ | ◻ | ◻ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ◻ | ◻ | ◻ |

# Experiences with [PROGRAM NAME]

**We are interested to learn about your impressions of [PROGRAM NAME] and the experience at your school**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **9. How strongly do you agree or disagree with the following statements?** | **Strongly AGREE** | **Agree** | **Disagree** | **Strongly DISAGREE** | **Not Applicable** |
| Leadership at my school was supportive of [PROGRAM NAME] | ◻ | ◻ | ◻ | ◻ | ◻ |
| Teachers at my school were supportive of [PROGRAM NAME] | ◻ | ◻ | ◻ | ◻ | ◻ |
| [PROGRAM NAME] staff let us know what was expected of our school | ◻ | ◻ | ◻ | ◻ | ◻ |
| We received enough materials to promote [PROGRAM NAME] and distribute consents to every student. | ◻ | ◻ | ◻ | ◻ | ◻ |
| Written instructions were easy for us to understand | ◻ | ◻ | ◻ | ◻ | ◻ |
| Teachers understood their responsibilities in [PROGRAM NAME] | ◻ | ◻ | ◻ | ◻ | ◻ |
| [PROGRAM NAME] staff were knowledgeable, well-prepared, and communicated effectively with my school | ◻ | ◻ | ◻ | ◻ | ◻ |
| [PROGRAM NAME] was able to adapt the program to our school’s needs | ◻ | ◻ | ◻ | ◻ | ◻ |
| Overall, our school made a big effort to get students to return consent forms | ◻ | ◻ | ◻ | ◻ | ◻ |
| Parents had a lot of questions about [PROGRAM NAME] | ◻ | ◻ | ◻ | ◻ | ◻ |
| The Vaccine Day was set up and run efficiently | ◻ | ◻ | ◻ | ◻ | ◻ |
| [PROGRAM NAME] was a lot of work for me/my school | ◻ | ◻ | ◻ | ◻ | ◻ |
| I would like to see [PROGRAM NAME] at my school again next year | ◻ | ◻ | ◻ | ◻ | ◻ |
| Overall, [PROGRAM NAME] was a positive experience for our school’s staff, students, and families | ◻ | ◻ | ◻ | ◻ | ◻ |

**10. If parents/guardians had a lot of questions about [PROGRAM NAME], what questions did you hear the most?**

|  |
| --- |
|  |

# Your recommendations

**11. Do you have any additional feedback or recommendations to improve [PROGRAM NAME]** **in the future?**

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| --- |
|  |