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| *Our records show that your student recently received a free flu vaccine at school through [PROGRAM NAME]. We are interested in your feedback to help us improve the program next year. Please only fill this survey out if you personally filled out a consent form for your student to receive a flu vaccine at school through [PROGRAM NAME] this year. If you have students at multiple schools, please complete a survey for each student.* |

1. **Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **How did your student’s school notify you about [PROGRAM NAME]? (Check all that apply)**

◻ My student brought home information from school (e.g. consent form or flyer)

◻ My student’s school mailed, emailed or called me

◻ I saw a notice in the school newsletter, the schools’ website or the school’s social media page

◻ I saw materials when I visited the schools (e.g. flyer, poster, banner)

◻ I heard about it at a school event (e.g. PTA/PTO meeting, Back to School Night)

◻ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Was the information you received about [PROGRAM NAME] (flyer, consent form) easy to understand?**

◻ Yes ◻ No ◻ Not sure/I don’t remember

1. **If materials were confusing, which materials were confusing and why? How could we improve them to make them easier to understand?**

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1. **Did you hear about [PROGRAM NAME] at any of the following locations?**

◻ Healthcare provider’s office ◻ Social media (Facebook/Twitter) ◻ In the news (news article, TV report)

◻ Community event, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ◻ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

◻ I did not see public advertisements for [PROGRAM NAME]

1. **What is the best way to share information about [PROGRAM NAME] or other health events happening at your student’s school? (Check all that apply)**

◻ Phone call or text message ◻ Send information home with my student ◻ Postal mail

◻ Email ◻ At my student’s school (banner, poster, etc) ◻ School newsletter

◻ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Have you ever visited the [PROGRAM NAME] website?**

◻ Yes ◻ No ◻ Not sure/I don’t remember

1. **On Vaccine Day, did your student bring home a [COLOR] Parent/Guardian Notification Form?**

◻ Yes ◻ No ◻ Not sure/I don’t remember

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| **9. How important were the following reasons in your decision to have your student participate in [PROGRAM NAME]?** | **Extremely Important** | **Very Important** | **Somewhat Important** | **A little important** | **Not important at all** |
| Convenience of getting the vaccine at school  | ◻ | ◻ | ◻ | ◻ | ◻ |
| Vaccine provided free of charge to my family | ◻ | ◻ | ◻ | ◻ | ◻ |
| Wanted to protect my student and others from the flu | ◻ | ◻ | ◻ | ◻ | ◻ |
| Recommended by a healthcare provider | ◻ | ◻ | ◻ | ◻ | ◻ |

1. **Did any of the following people share information or advice that influenced your decision to vaccinate your student for flu? (Check all that apply)**

◻ Family members or friends ◻ Other parents/guardians at your student’s school ◻ Healthcare provider(s)

◻ Community leaders (religious leaders, politicians, etc.) ◻ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

◻ No one shared information or advice that helped me decide to vaccinate my student

1. **Did your student receive a flu vaccine at school last year?**

◻ Yes ◻ No ◻ Not sure/I don’t remember

1. **Would you like your student to participate in [PROGRAM NAME] again next year?**

◻ Yes ◻ No ◻ Not sure

1. **Overall how satisfied were you with [PROGRAM NAME] at your student’s school this year?**

◻ Very satisfied

◻ Somewhat satisfied

◻ Somewhat dissatisfied

◻ Very dissatisfied

1. **If you were not satisfied with [PROGRAM NAME], what were the reasons? (Check all that apply)**

◻ I was not aware that only flu shots (injections) were available

◻ I was not notified that my student was vaccinated

◻ My student had a negative experience, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

◻ Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you have any additional feedback?**

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Thank you for your participation!