

Pre-Test

Please answer the questions below. All information is confidential. This information will help us to determine if the after-school setting is fostering healthy behavior choices. It will tell us if the nutrition and physical activity changes being made in the after-school program are successful or not.

After-School Program Name: _____

Date: _____

Name and position: _____

County: _____

1. Does this after-school program have a parent handbook? YES NO

If yes, are the following HEPA Standards listed in the parent handbook?

- Serving fruits and vegetables instead of cake, cookies, candy, etc YES NO
- Serving water as the preferred drink YES NO
- Providing 30 minutes of physical activity each day YES NO
- Providing age-appropriate aerobic and strengthening physical activities YES NO

2. Do you intend to implement the following HEPA standards this school year?

- Serving fruits and vegetables instead of cake, cookies, candy, etc YES NO
- Serving water as the preferred drink YES NO
- Providing 30 minutes of physical activity each day YES NO
- Providing age-appropriate aerobic and strengthening physical activities YES NO

3. How many days a week is water offered during snacks?

0 1 2 3 4 5

4. How many days a week are fruits offered during snacks?

0 1 2 3 4 5

5. How many days a week are vegetables offered during snacks?

0 1 2 3 4 5

6. How many days a week are kids given the opportunity to be physical active?

0 1 2 3 4 5

Thank you for your time!

Post-Test

Please answer the questions below. All information is confidential. This information will help us to determine if the after-school setting is fostering healthy behavior choices. It will tell us if the nutrition and physical activity changes being made in the after-school program are successful or not.

After-School Program Name: _____

Date: _____

Name and position: _____

County: _____

1. Does this after-school program have a parent handbook? YES NO

If yes, are the following HEPA Standards listed in the parent handbook?

- Serving fruits and vegetables instead of cake, cookies, candy, etc YES NO
- Serving water as the preferred drink YES NO
- Providing 30 minutes of physical activity each day YES NO
- Providing age-appropriate aerobic and strengthening physical activities YES NO

2. Did you implement the following HEPA Standards this school year? YES NO

- Serving fruits and vegetables instead of cake, cookies, candy, etc YES NO
- Serving water as the preferred drink YES NO
- Providing 30 minutes of physical activity each day YES NO
- Providing age-appropriate aerobic and strengthening physical activities YES NO

3. Were there barriers to implementing any of the above HEPA Standards? YES NO

If yes, please list the barriers: _____

4. How many days a week was water offered during snacks?

0 1 2 3 4 5

5. How many days a week were fruits offered during snacks?

0 1 2 3 4 5

6. How many days a week were vegetables offered during snacks?

0 1 2 3 4 5

7. How many days a week were kids given the opportunity to be physical active?

0 1 2 3 4 5

Thank you for your time!