

HOPPIN' FOR HEALTH Evaluation

Thank you for participating in Hoppin' for Health. To better serve you, we would appreciate your feedback and suggestions about the curriculum.

1. Child Care Facility Name (optional): _____
2. In what Indiana city and county is your child care facility located? _____
3. Type of Child Care Facility:
 Licensed Home Head Start Other (please specify):
 Licensed Center Registered Ministry _____
4. How did you hear about Hoppin' for Health?
 Newspaper Website/Internet Other (please specify):
 Brochure Mailing _____

For each of the following statements, please indicate your agreement or disagreement by marking an "X" in the box that best characterizes your response:

	Strongly Agree	Agree	Disagree	Strongly Disagree
5. Hoppin' for Health was easy to incorporate into the child care setting.				
6. Hoppin' for Health lessons, activities, and documents were appropriately presented for staff use.				
7. Hoppin' for Health lessons and activities were appropriate and effective for the children.				
8. Hoppin' for Health provided relevant, current and helpful information for children about medical professionals, facilities, and instruments.				
9. The educational materials were helpful tools for staff.				
10. The internet resources were useful references for staff.				
11. The pictures of medical professionals, facilities, and instruments and related questions and activities helped increase child awareness about healthcare.				
12. The lessons and activities were easy to present at my child care setting.				
13. The lessons, activities, and documents helped us to teach children about healthcare basics.				
14. I plan to use Hoppin' for Health on a regular basis in my child care setting.				

Please feel free to make written comments about your satisfaction with Hoppin' for Health, or to use this opportunity to clarify or add to a response.

Thank you for your valuable feedback which will help us continue to improve the Hoppin' for Health program!