Montana Asthma Control Program
Chronic Disease Prevention & Health Promotion Bureau

School Staff Training Outcomes Report Form

School Nurse Name(s):_____ **County:** _____

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Return to:

William Biskupiak
Montana Asthma Control Program- Health Educator
Phone: 406-444-0995; Fax: 406-444-7465

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Questions:

1. How many school staff/coaches did you train?
2. In total, how many hours of training did you provide?
3. Describe the process you used to recruit participants for this project. What were the successes and failures that you experienced in recruiting participants?
4. Did you find the sample PowerPoint presentation(s) useful? Do you have any suggestions for modifications that the Montana Asthma Control Program could make to the presentation(s) in the future?

5. If you presented to coaches: Did you feel that the clipboards and their associated materials were useful tools for the coaches? Why or why not?

If you presented to other school staff: Did you feel that the "Creating Asthma Friendly Schools in Montana" resource guide was useful in training the staff? Why or why not?

6. Would you recommend this particular project for other school nurses? Why or why not?

Data:

1. **Required:** Please attach copies of the pre- and post-test forms completed by the school staff/coaches. Asthma Control Program staff may analyze information contained in the forms for program evaluation purposes.

Submit

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