



Assessing Chronic Disease Friendly School Policies and Practices Outcomes Report Form

Return to:

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Grantee Name:

County:

Questions:

1. How did you get access to your school's (or school district's) policies? Did you experience any difficulties in obtaining permission to review the policies?

2. Did you find the school policy checklist forms to be helpful? Are there any changes that you would suggest we make to the forms? If so, what are they?

3. To whom did you present your results? Number of people in the audience?
Types of people in the audience (e.g., school administrators and school board members):

4. How did you arrange a time to give your presentation? Did you face any challenges in arranging a meeting time?

5. How were your suggestions received by the school board/administration? Have any action steps been taken by the school board/administration as a result of the suggestions that you made?

6. Did you find the PowerPoint presentation template to be useful? Do you have any suggestions for modifications that the Montana School Health Program could make to the template in the future?

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