

# Teaching an Asthma Self-Management Curriculum Outcomes Report Form

**Return to:**

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Helena, MT 59620-2951

**Grantee Name:**

**County:**

**School:**

**Questions:**

1. Please indicate which ALA program you chose to pursue. If you choose to design your own educational sessions, please explain what resources you used to develop your material.
2. To how many students did you provide asthma self-management education? In total, how many hours of instruction did you provide?
3. How did you arrange with school teachers and/or administration to meet with students? Did you face any difficulties in arranging the time(s) to provide instruction?
4. What would you characterize as the main strengths and weaknesses of the curriculum that you used? If you did not use a formal curriculum, what successes and difficulties did you have teaching asthma self-management education to the students using the material you developed?
5. What were the key points that students were able to learn as a result of the instruction that you

provided?

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