


Healthy School Celebrations (HSC) Toolkit Teacher Survey



NOTE: This survey assesses use of the *HSC Toolkit* and is intended for teachers who have already received a *Toolkit* for their classrooms. If **you have received** a *Toolkit*, please mark your answer for each question. There is no right or wrong answer.

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|----|---|--|---|---|---|-----------------------------|
| 1 | Approximately how many times did you use the <i>Toolkit</i> during this school year? | <input type="checkbox"/> None | <input type="checkbox"/> 1-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5-6 | <input type="checkbox"/> 7+ |
| 2 | When did you receive training to use the <i>Toolkit</i> ? Please include the (approximate) month and year. | <input style="width: 100%;" type="text"/> | | | | |
| 3 | a. What grade level are your students? | <input style="width: 50px;" type="text"/> | b. How many students are in your class? | <input style="width: 50px;" type="text"/> | | |
| 4 | Which of the following types of recipes did you use as part of your healthy celebrations? (Select all that apply.) | <input type="checkbox"/> a. Smoothies (example: Popeye Power Smoothie) <input type="checkbox"/> d. Salads (example: Spring Green Salad) | | | | |
| | | <input type="checkbox"/> b. Dips (example: Raspberry Fruit Dip) <input type="checkbox"/> e. I used something else. (Please describe.) | | | | |
| | | <input type="checkbox"/> c. Build-your-own snack (example: Do-It-Yourself Trail Mix) <input style="width: 100%; height: 20px;" type="text"/> | | | | |
| 5 | Were any of the recipes you used Food Hero recipes, or adaptations of a Food Hero recipe? | Yes | No | Not sure |  | |
| 6 | Please rate how much the <i>Toolkit</i> has increased your confidence in the following. (If you haven't used it, leave blank.) | None | Not much | Some | A lot | Greatly |
| | a. Providing options for healthy celebrations in your classroom? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Interactively preparing a recipe with students? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | How important were the following HSC components for achieving healthy celebrations? | Didn't use | Not helpful | Somewhat | Very | Extremely |
| | a. Cooking equipment/supplies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Parent letters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Suggested policy guidelines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. Food Hero recipe packet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | e. Food Hero buying guide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | f. Other | <input style="width: 100%; height: 20px;" type="text"/> | | | | |
| 8 | How much did your students enjoy Healthy School Celebrations? | Didn't Use | Not at all | Somewhat | Very much | Extremely |
| 9 | How likely are you to use the <i>Toolkit</i> next school year? | Didn't Use | Not at all | Somewhat | Very much | Extremely |
| 10 | Has the <i>Toolkit</i> been part of any new practices or policy changes related to wellness, health, and/or equity in your classroom, school, or district? If so, please tell us about this experience, and where it happened. | <input style="width: 100%; height: 150px;" type="text"/> | | | | |