

# Playground Stencil Assessment

<b>Observation:</b> <input type="checkbox"/> PRE <input type="checkbox"/> POST		<b>Date:</b>	<b>County:</b>
<b>Site:</b>		<b>Form Completed By:</b>	
<b>Setting:</b> <input type="checkbox"/> School <input type="checkbox"/> Early Care and Education (ECE) <input type="checkbox"/> Other (specify):			
<b>Day of the Week:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<b>Time of the Day:</b> <input type="checkbox"/> Early Morning (before 9am) <input type="checkbox"/> Late Morning (9am to 11am) <input type="checkbox"/> Midday (11am to 1pm) <input type="checkbox"/> Afternoon (1pm to 3pm) <input type="checkbox"/> Late Afternoon (3pm to 5pm)	<b>Number of Classes Observed:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 5 <input type="checkbox"/> 10	<b>Grade(s) Observed:</b> <input type="checkbox"/> Pre-K <input type="checkbox"/> 4 <input type="checkbox"/> K <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 8

### INSTRUCTIONS FOR UCCE STAFF ADMINISTRATION:

**PLAYGROUND SCAN:** For each stencil project, administer *one* PRE-SCAN 1-2 weeks before you paint the playground stencils and *one* POST-SCAN at least 2 weeks following but within two months of the unveiling of the painted stencils at the site. Choose the best observation day/time (am/pm outside play times, recess, etc.) to capture the targeted student ages/grades. Aim to administer the PRE- and POST-SCANS during the same day/time. When **counting students** (Q1-Q3), always scan from LEFT to RIGHT. Observe each student in the play area *once*. If an observed student reappears in the scan area, do not record him/her a second time. Also, do not backtrack to count new children entering the scan area. Avoid days with extreme temperatures, poor weather conditions, or poor air quality limiting students' physical activity. **TEACHER SURVEY:** Aim for a *minimum of two* matched pre/post teacher surveys for each stencil project. Survey as many teaching staff as possible of those observing students on the playground before and after the stencils are painted. Try to engage the SAME teachers at pre and post to ensure you have matched surveys.

### PRE and POST – PLAYGROUND SCAN

1.	How many <b>total</b> students are in the play space? <i>(Stand where you can see the entire play space.)</i>	___ STUDENTS
2a.	How many students are <b>actively</b> playing in the play space? <i>(Walking, running, dancing, playing sports/tag, jumping rope, skipping, or other active play)</i>	___ STUDENTS
2b.	How many students are <b>actively</b> playing in the playground space... <ul style="list-style-type: none"> <li>• (PRE) ...where the stencils will be painted?</li> <li>• (POST) ...on the playground stencils?</li> </ul>	___ STUDENTS
3.	How many students are sedentary? <i>(Sitting down, not walking, reading books, eating snacks, or very inactive)</i>	___ STUDENTS
4.	Do teaching staff encourage students to be physically active? <i>This includes prompts or encouragements to be physically active (i.e. engage in high intensity activity or increase their physical activity levels) on the stencils.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Is playground equipment available for students to use? <i>(balls, hoops, bikes, etc.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Are there any physical structures for students to play on? <i>(play structures, swings, slides, monkey bars, etc.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Are there any creative play activities/structures set up for students? <i>(playhouse, house/kitchen corner, blocks, coloring station, water play table, sand box, etc.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Please check the types of stencils painted on the playground:	
	<input type="checkbox"/> None/NA <input type="checkbox"/> Number Hopscotch <input type="checkbox"/> Letter Hopscotch <input type="checkbox"/> Bull's Eye Toss <input type="checkbox"/> Shapes (circle, square, diamond, pentagon, heart, star) <input type="checkbox"/> Numbers 0-9 <input type="checkbox"/> Letters A-Z <input type="checkbox"/> Playground pond (frog, lily pad, dragonfly, duck, turtle, fish) <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Words (crawl, cross, hop, swim, walk, fly, etc.) <input type="checkbox"/> Wall target toss <input type="checkbox"/> Footprints <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Spanish letters (ll, ch, rr, and ñ) <input type="checkbox"/> Traffic (bike, cross walk, yield, stop, speed limit) <input type="checkbox"/> Playground Paths <input type="checkbox"/> MyPlate (four square) <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other (specify):



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First letter of your <b>FIRST</b> name	First letter of your <b>LAST</b> name	Birth <b>MONTH</b>	Birth <b>DAY</b>
A-Z	A-Z	01-12	01-31
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## PRE-TEST – SURVEY FOR TEACHING STAFF OBSERVING STUDENTS

**ON THE PLAYGROUND** (Survey as many **TEACHERS, INSTRUCTIONAL ASSISTANTS, TEACHERS AIDES, OR OTHER ADULTS OBSERVING STUDENTS** as possible and the **SAME** teachers pre and post.)

TEACHER ID#:

1.	Were you provided with support materials to help facilitate physical activities for students using the playground stencils?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Have you been trained on how to facilitate physical activities? (mark all that apply) For <b>YES, other</b> , describe training:	<input type="checkbox"/> YES, CATCH <input type="checkbox"/> YES, other <input type="checkbox"/> NO
3.	Would you be interested in being trained?	<input type="checkbox"/> YES, stencil use <input type="checkbox"/> YES, CATCH <input type="checkbox"/> NO
4.	Do you use the playground to teach academic concepts through movement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ADDITIONAL COMMENTS OR FEEDBACK</b> (Describe other physical activity promotion/supports such as classroom physical activity breaks, organized monthly themes for physical activity—such as October/walking, November/dancing, etc., incorporating active games into outside play times, etc.)		



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## POST-TEST – SURVEY FOR TEACHING STAFF OBSERVING STUDENTS

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TEACHER ID#:

1.	<p>Were you provided with support materials to help facilitate physical activities for students using the playground stencils?</p> <ul style="list-style-type: none"> <li>• <i>If <b>YES</b>, are you using them?</i></li> <li>• <i>If <b>NO</b>, describe any additional support you need:</i></li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	<p>Have you been trained on how to facilitate physical activities? (mark all that apply) <i>For <b>YES, other</b>, describe training:</i></p>	<input type="checkbox"/> YES, CATCH <input type="checkbox"/> YES, other <input type="checkbox"/> NO
3.	<p>Were you trained by CalFresh Healthy Living, UC staff on how to facilitate physical activities for students using the playground stencils?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	<p>Do you use the playground to teach academic concepts through movement? <i>If <b>YES</b>, describe how:</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	<p>Do you encourage students to use the playground stencils? <i>This includes prompts or encouragements to be physically active (i.e. engage in high intensity activity or increase their physical activity levels) on the stencils.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	<p>Do you facilitate physical activities for students using the playground stencils?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	<p>Do you participate in physical activities <u>with students</u> using the playground stencils?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	<p>Do you use playground stencils to infuse physical activity into the school day outside of the set outdoor break times (am/pm outside play, recess, lunch, etc.)? <i>If <b>YES</b>, describe how:</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

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