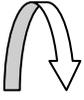


Asthma Resource Toolkit Onsite Assessment



Report Date: _____



Agency Information

Name of Program _____

Address _____

Head Start Director _____

Number of Children Enrolled _____

Number of Centers and Classrooms



Current Policy Related to Asthma Management



Pilot Information

Number of Children in Pilot _____

Number of Centers and Classrooms



Orientation Training

Date of Training Orientation _____

Number of Staff Attending (Position Titles)

Name of Centers Visited (General Observations)

Number of Children with Asthma _____

Number of Staff with Asthma _____



Results of Pre-Assessment and Post-Assessment



Reaction to Children Resources (Coloring Books and Poster)



Parent Training

Number of Parents completing Training _____

Types of Questions/Responses

Parent Packet Distribution (Reactions)

Home Asthma Environment Checklist (#) _____



Assessment of Materials

Use of materials for parent training and classroom activity

Increased awareness of staff and parents

Any policy changes or impacts

Recommendations for improvements



Trainers

ACF _____

EPA _____

Local Asthma Educator _____