

School: \_\_\_\_\_

# TEENS Assessment

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

## Classroom

1. Do you allow students to bring in food for themselves and eat it in your classroom?

Yes       No

2. Do you allow students to bring in beverages for themselves and drink it in your classroom?

Yes       No

3. Are foods ever brought in for special occasions for the whole class?

Yes       No

└─ If yes, answer the following questions:

a. How often do students bring food or beverages?

1 or more times a month       1 time per quarter / marking period

1 time per year       Other (Please specify) \_\_\_\_\_

b. What types of foods do students bring into the room for the whole class?

Candy     Chips     Cake     Pop     Pizza     Cookies

Donuts/Pastries     Juice     Fruit     Other \_\_\_\_\_

c. How often do teachers bring food or beverages?

1 or more times a month       1 time per quarter / marking period

1 time per year       Other (Please specify) \_\_\_\_\_

d. What types of foods do teachers bring into the room for the whole class?

Candy     Chips     Cake     Pop     Pizza     Cookies

Donuts/Pastries     Juice     Fruit     Other

4. Do you ever use foods or food coupons as a reward for students?

Often     Sometimes     Rarely     Never



**TEENS Assessment  
School Secretary**

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

School: \_\_\_\_\_

1. Amount of time for each school lunch period: \_\_\_\_\_

2. Do you have a school store?      Yes       No

3. If yes, hours store is open: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

4. Placement in school: \_\_\_\_\_

5. Person in charge: \_\_\_\_\_

**TEENS Assessment  
School Secretary**

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

School: \_\_\_\_\_

1. Amount of time for each school lunch period: \_\_\_\_\_

2. Do you have a school store?      Yes       No

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5. Person in charge: \_\_\_\_\_





School: \_\_\_\_\_

# TEENS Assessment Principal Interview

Date: \_\_\_\_\_

Respondent: \_\_\_\_\_

Completed by: \_\_\_\_\_

Check one:  Principal  
 Assistant Principal

Consent Form

The first questions are about activities or programs in your school during the 199\_\_ - 199\_\_ school year. When you answer these questions, please think about anything that happened during this school year (199\_\_ - 199\_\_).

1. Were any student assemblies held during the 199\_\_ - 199\_\_ school year in which speakers addressed food and health-related topics?

Yes  No  (go to Q. 3)

2. How many student assemblies were there in which speakers addressed the following topics?

Reducing fat in diet	_____	Preventing cancer	_____
Eating more fruits and vegetables	_____	Preventing heart disease	_____
General nutrition	_____	Maintaining ideal body weight	_____
Physical activity	_____		

3. Did your school have any special activities related to health promotion campaigns on the following topics:

National Nutrition Month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5-A-Day Fruit and Vegetables?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart disease prevention?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cancer prevention?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other health campaigns? (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Were there any health-related staff in-service programs over the 199\_\_-199\_\_ school year?

Yes  No  (go to Q. 6)

5. How many health-related staff in-service programs were there over the 199\_\_-199\_\_ school year on the following topics?

Reducing fat in diet	_____	Preventing cancer	_____
Eating more fruits and vegetables	_____	Preventing heart disease	_____
General nutrition	_____	Maintaining ideal body weight	_____
Physical activity	_____		

6. Are you aware of any efforts made during the past year to change the content of school meals?

Yes  No



If yes, was an effort made to:

- |                                   |                              |                             |                                     |
|-----------------------------------|------------------------------|-----------------------------|-------------------------------------|
| - reduce fat content?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| - increase fruits and vegetables? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| - other (specify)                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
- 

7. Are you aware of any efforts during the past year made to:

Increase the availability of fruit:

- |                            |                              |                             |  |
|----------------------------|------------------------------|-----------------------------|--|
| - in the cafeteria?        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| - in the a la carte line?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| - in the vending machines? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A (no machines) <input type="checkbox"/> |

Increase the availability of vegetables:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| - in the cafeteria?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - in the a la carte line?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - in the vending machines? (SKIP IF N/A <input type="checkbox"/> ) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Increase the availability of lower-fat snacks:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| - in the cafeteria?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - in the a la carte line?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - in the vending machines? (SKIP IF N/A <input type="checkbox"/> ) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

8. Are you aware of any special promotions (e.g., posters, table-tents, etc.) during the past year promoting:

- |                     |                              |                             |
|---------------------|------------------------------|-----------------------------|
| - fruits?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - vegetables?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - lower-fat snacks? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

9. Has there been any major school restructuring in the past year?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Classroom size reduction                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Schools merging or splitting            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Move to year-round schools              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Change in starting time for students    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Site-based management/shared governance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Major school renovations                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other (specify)                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
-

The next questions are about food-related policies in your school. For these questions, please keep the following definition in mind.

**Definition: Food-Related Policies** are any school policies that deal with control of foods or beverages available to the student before, during, or after school, outside of the school meal pattern lunch.

10. Does your school have any written school food-related policies? *(If written, obtain copy or name of contact person for follow-up).*

Yes  No

11. Does your school have any informal (unwritten) food-related policies?

Yes  No

12. We have some questions about specific school policies:

a. Are students allowed to have food in the classroom? Yes  No

b. Are students allowed to have beverages in the classroom? Yes  No

c. Are students allowed to have snacks in the hallways? Yes  No

d. Are students allowed to have beverages in the hallways? Yes  No

e. Are food or food coupons used as rewards or incentives for students? Yes  No

f. Are there any policies regarding pop on the school grounds? Yes  No

└ If yes, what are the policies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Generally, how closely do you think these policies are followed on a scale of 1-5, with 1 being not at all and 5 being completely?

<u>Not at all</u>	<u>Somewhat</u>	<u>Completely</u>		
1	2	3	4	5

14. Do you have classroom fund-raising that includes food sales? Yes  No

If yes: How often?  Weekly  Monthly  Quarterly  Other \_\_\_\_\_

15. Do you have school-wide fund-raising that includes food sales? Yes  No  (go to Q. 17)

If yes: How often?  Weekly  Monthly  Quarterly  Other \_\_\_\_\_



21. At your school, who is involved in setting food policy? (Check all that apply - Probe: Anyone else?)

- a. Principal
- b. School nurse
- c. School health/science coordinator
- d. District level
- e. Individual teachers
- f. School food service director
- g. Cook manager
- h. Food advisory council or other committee made up of (check all that apply)

Number of people on the committee: \_\_\_\_\_

- Teacher
- Parents
- School administrator
- School nurse
- Food service personnel
- Students
- Other

- i. Other, please specify \_\_\_\_\_
- j. There are no food policies at our school
- k. Don't know

22. What is your own philosophy about food or beverage policies in middle or junior high schools?  
(Interviewer, record response below or on the back).

School: \_\_\_\_\_

**TEENS Assessment  
Food Service Director**

Date: \_\_\_\_\_

Respondent  
Name: \_\_\_\_\_

Completed by: \_\_\_\_\_

Verify that introductory  
call has been made: Yes  No

For all of these questions, please focus on the middle schools or junior high schools in your district.

1. During the last school year, approximately what % of your overall district meal sales would you say are from a la carte?  
\_\_\_\_\_ % Comments: \_\_\_\_\_

2. During a typical semester, do the foods offered on the a la carte line change:

A lot       Somewhat       Very little

3. Who decides to make the change? \_\_\_\_\_

4. Do 7th & 8th grade students have a food service account for school meals?

Yes       No       Varies by school

5. Do 7th & 8th grade students have a food service account for a la carte?

Yes       No       Varies by school

6. In each of the following areas, how much influence do you think you have?

	A lot	A moderate amount	A little	None
a. Foods available in the vending machines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Placement of the vending machines in the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Times vending machines are open.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Decisions related to food sold in the school store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Development of school food policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Implementation of school food policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Who do you think has the most influence on school policy in your district?

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8. In the last year, have you attended any of the following workshops or meetings on food service:

	<b>If attended, what was focus of meeting?</b>
MN School Food Service Association meeting?  Yes <input type="checkbox"/> No <input type="checkbox"/>	
American School Food Service Association meeting?  Yes <input type="checkbox"/> No <input type="checkbox"/>	
Regional meeting of the MN School Food Association?  Yes <input type="checkbox"/> No <input type="checkbox"/>	
Workshops on TEAM Nutrition?  Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other food service-related meetings or workshops?  Yes <input type="checkbox"/> No <input type="checkbox"/> _____ (If yes, please specify)	

9. In the last year, have you used any TEAM Nutrition materials or recipes?

Yes       No

10. We value your input. Is there anything else you want us to know about food policies in your school?  
(Interviewer, please record answer below or on the back of form).

School: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

**TEENS Assessment  
Cook Manager**

Verify that introductory  
call has been made: Yes  No

Respondent name: \_\_\_\_\_

1. During the last school year, approximately what % of your total school meal sales would you say are from a la carte?

\_\_\_\_\_ % Comments: \_\_\_\_\_

2. During a typical semester, do the foods offered on the a la carte line change:

A lot       Somewhat       Very little

3. During a typical *month*, do you offer new foods on the a la carte line:

A lot       Somewhat       Very little

4. Do students have a food service account for school meals?      Yes       No

5. Do students have a food service account for a la carte?      Yes       No

6. In each of the following areas, how much influence do you think you have?

	A lot	A moderate amount	A little	None
a. Foods available in the vending machines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Placement of the vending machines in the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Times vending machines are open.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Decisions related to food sold in the school store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Development of school food policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Implementation of school food policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Who do you think has the most influence on school policy in your school?

\_\_\_\_\_

