

SRTS Data Entry: **School Information Page**

Complete a separate copy of this page for each school in your SRTS program
(This page should take approximately 1-3 minutes to complete)



School Information Page Instructions:

Please **complete one School Information Page for each school** that participates in SRTS data collection. (Detailed instructions and examples are provided in a separate document.)



School Name:

Street Address:

City

State:

School ZIP Code:
(use ZIP + 4, if known)

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Contact Name:

E-Mail Address:

E-Mail (cont.):

How many students attend this school?
(make estimate if necessary)

What grades attend this school?
(Mark all that apply)

K 1 2 3 4 5 6 7 8

Which grades are targeted
by this SRTS program?

K 1 2 3 4 5 6 7 8

* How many students attend those grades?
(make estimate if necessary)

or (Don't Know)

When was this data collected? Before-Program Mid-Program Post-Program Other

How many Parent Surveys were distributed?

or (Not Applicable)

Is there a school-level team helping implement SRTS at this school? Yes No
(such as PTA, School Wellness Team, SRTS Committee, etc.)

Are other agencies or organizations involved in implementing this program? Yes No
(such as local governments, health departments, Safe Kids, university or college, etc.)

