

## Reader survey: We'd like to hear from you!

Please answer the following questions to assist us in providing you with relevant and current information about Healthy Schools.

1. I am a  principal/vice-principal  teacher (grade\_\_\_\_)  parent  student  other\_\_\_\_\_

2. I received this issue of the **Healthy Schools Newsletter** in the following way(s):  electronic  hard copy

- From my board rep  From the principal or office staff  
 Posted in staff room or office  In my mailbox  
 From a member of the Healthy Schools committee  From my school's Public Health Nurse

3. This is the first time I have seen the **Healthy Schools Newsletter**  yes  no

4. My school is a Healthy School  yes  no

If you answered **yes**, are you participating in the:

- York Region Healthy Schools program  
 Ministry of Education/Health Promotion's  
Healthy Schools Recognition program  
 Neither  
 Not sure

If you answered **yes**, are you a member of a Healthy  
Schools Committee at your school?

- yes (I am a  member  champion/lead)  
 no

**If you would like to learn more about the York Region Healthy Schools program, call York Region Health Connection at 1-800-361-5653 to speak with a Public Health Nurse.**

5. Please rate the following sections by circling your response using a scale from 1 (not useful) to 5 (very useful):

|  | Not useful |   |   | Very useful |   |
|--|------------|---|---|-------------|---|
|  | 1          | 2 | 3 | 4           | 5 |
| What's Your Story?                         | 1          | 2 | 3 | 4           | 5 |
| Wrapping Up The Year (evaluation)          | 1          | 2 | 3 | 4           | 5 |
| It's Time To Celebrate                     | 1          | 2 | 3 | 4           | 5 |
| Celebrating Healthy Schools...Using Tribes | 1          | 2 | 3 | 4           | 5 |
| Upcoming Health Promotion Events           | 1          | 2 | 3 | 4           | 5 |

6. I would like information on the following topics included in future issues: \_\_\_\_\_

### Contact Information:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

I would like to receive future issues of the Healthy Schools Newsletter in the following format:

- Electronic  
 Hard copy  
 I do not wish to receive future issues of this newsletter

YES, I would like to submit a Healthy Schools success story from my school

**Thank you for your input!**

**Please fax your completed survey to Rachel Griffin @ 905-940-9872 by May 23, 2008 for a chance to win a \$50 gift certificate OR to complete this survey on-line, go to:**

[http://www.surveymonkey.com/s.aspx?sm=51C1mmtuli\\_2bSkhiflHRsBQ3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=51C1mmtuli_2bSkhiflHRsBQ3d_3d)