

sun safety

Evaluation Form
Fax: 207-287-7213

Please complete and fax or mail this evaluation form back to Maine Comprehensive Cancer Control Program. We encourage you to ask a representative group of employees for input before completing the form. Your feedback will help us assess the effectiveness of the kit and will assist us in revising the kit.

Date: _____

Person Completing Form:

Facility Name:

Mailing Address:

Telephone Number:

Email Address:

A. On approximately what date did your facility begin using the sun-safety kit?

_____ (MM/DD/YY)

B. Approximately how many employees received or were shown items in the kit?

_____ **employees**

C. On a *yearly basis*, approximately how many children and adolescents (combined) participate in *outdoor activities* provided by your facilities?

_____ **children and adolescents**

D. How often do staff encourage children and adolescents to practice sun safety as they engage in *outdoor activities* provided by your facilities?

1 2 3 4 5

Not often

Frequently

E. On a *yearly basis*, approximately how many adults participate in *outdoor activities* provided by your facilities?

_____ **adults**

F. How often do staff *encourage* adults to *practice sun safety* as they engage in *outdoor activities* provided by your facilities?

1 2 3 4 5

Not often

Frequently

G. Please identify any component of the Kit that you have used or intend to use in the future?

| | Have used | Have not but interested in using | Have not and not interested | Not Sure |
|-------------------------------------|-----------|----------------------------------|-----------------------------|----------|
| 1. Sun Safety Pledge | 1 | 2 | 3 | 4 |
| 2. Sunscreen Parent Permission Form | 1 | 2 | 3 | 4 |
| 3. Sun Safety Summary | 1 | 2 | 3 | 4 |
| 4. Sun Protection Policy Guidelines | 1 | 2 | 3 | 4 |
| 5. What Staff Should Know | 1 | 2 | 3 | 4 |
| 6. What is the UV Index? | 1 | 2 | 3 | 4 |
| 7. Parents Information | 1 | 2 | 3 | 4 |
| 8. Evaluation Form | 1 | 2 | 3 | 4 |

H. Please rate the Sun Safety Kit based on the following criteria.

| | Poor | | | | Excellent | |
|-----------------|------|---|---|---|-----------|----------|
| a. Usefulness | 1 | 2 | 3 | 4 | 5 | Not Sure |
| b. Content | 1 | 2 | 3 | 4 | 5 | Not Sure |
| c. Organization | 1 | 2 | 3 | 4 | 5 | Not Sure |

I. Please rate the following components of the kit.

| | Poor | | | | Excellent | |
|-------------------------------------|------|---|---|---|-----------|----------|
| 1. Sun Safety Pledge | 1 | 2 | 3 | 4 | 5 | Not Sure |
| 2. Sunscreen Parent Permission Form | 1 | 2 | 3 | 4 | 5 | Not Sure |
| 3. Sun Safety Summary | 1 | 2 | 3 | 4 | 5 | Not Sure |
| 4. Sun Protection Policy Guidelines | 1 | 2 | 3 | 4 | 5 | Not Sure |
| 5. What Staff Should Know | 1 | 2 | 3 | 4 | 5 | Not Sure |
| 6. What is the UV Index? | 1 | 2 | 3 | 4 | 5 | Not Sure |
| 7. Parents Information | 1 | 2 | 3 | 4 | 5 | Not Sure |
| 8. Evaluation Form | 1 | 2 | 3 | 4 | 5 | Not Sure |

J. How many employees report/demonstrate they have begun to practice at least one sun safety behavior (sunscreen use, hat, clothing, seeking shade, sun glasses, etc.)

_____employees

K. How many employees have signed the Sun Safety Pledge?

_____employees

L. How many parents have signed the Sun Screen Permission form?

_____parents

M. Please describe any new components you believe should be added to the kit to improve its use and effectiveness.
