

Administrator Survey – NO Breakfast Program

(to be filled out once parent/student surveys are returned and then sent to your State Agency)

1. Record your enrollment here: _____
2. How many students took the survey? _____
3. Of the students who took the survey, how many recognized the importance of eating breakfast? _____
4. How many had breakfast that included at least one of these components?
_____ Milk/Soy Milk _____ Juice/Fruit/Vegetable
_____ Meat/Cheese/Yogurt/
Egg/Beans/Fish _____ Cereal/Bread/Muffin/Bagel/
Rice/Tortilla
5. How many students bought foods from store/fast food restaurant/vending machines for breakfast? _____
6. How many students spend more than 30 minutes getting to school? _____
7. Of those students, how many are riding the bus? _____
8. How many students arrive at school at least 20 minutes prior to school starting?

9. How many students participate in before-school activities? _____
10. If you started the program, would your food service staff be able to provide the types of foods the students would like to eat? YES/NO

If yes, which foods?
_____ _____ _____
_____ _____ _____
11. How many students said they would participate in the School Breakfast Program?

12. How many students said they would purchase breakfast at the cost listed? _____
13. What were the primary reasons students gave for why they would not eat school breakfast?

14. How many parents took the survey? _____

15. How many parents said their children did not have time to eat breakfast before school?

16. How many parents said their children ride the bus to school? _____

17. What was the minimum/maximum length of time children spent riding the bus to school?
Minimum _____ Maximum _____

18. How many parents would use the option of school breakfast for their children if it were available? _____

19. If you started the program, would your food service staff be able to provide the types of foods parents indicated their children would like to eat? YES/NO

If yes, which foods?

If no, why not? _____

20. How many parents think their children would participate if school breakfast were an option?

21. How many parents responded that they would purchase school breakfast if the cost was less than \$ _____? _____ Parents said YES _____ Parents said NO

22. What did these answers reveal to you about your school and your students' receptivity to school breakfast?

23. After completing this exercise, what is your level of readiness for starting the School Breakfast Program?

- | | |
|---|---|
| <input type="checkbox"/> We're ready to start now | <input type="checkbox"/> Not really ready at this time |
| <input type="checkbox"/> We're nearly ready | <input type="checkbox"/> Unlikely that we will be ready this year |
| <input type="checkbox"/> Uncertain | |

24. Based on this assessment, your State Agency can help you determine when and how to move to the next level.
What is the best way to contact you?

Who is the lead for your school on food programs?

Contact Lead: _____ Contact Information: _____