## FAST at Home Implementation Survey Fall 2020

**The Implementation Review should be filled in just once using input from the whole team.**

* 1. School, site name, or sponsoring agency

[                              ]

* 2. Name of person completing this survey

[                              ]

* 3. Email address (In case we have questions about this form)

[                              ]

4. Role of the person completing this survey

[                              ]

## Recruitment

5. Pick the phrase that best describes your target for recruitment for this FAST<sup>(R)</sup> cycle.

    ◯ Our recruitment effort targeted the whole school or community. (universal).

    ◯ Our recruitment effort targeted children in a particular grade or age range.

    ◯ Our recruitment effort focused on a specific group of children and families, such as Head Start students.

    ◯ Our recruitment effort focused on a group of families within a community.

    ◯ Other recruitment focus:

6. Estimate the number of families who are eligible based on your recruitment focus.  Examples: If the focus is the whole school, how many students are in the school?  If the focus is grade, how many students are in the grade?

7. Enter the number of families invited via a brief contact by the team. (Examples: Phone, e-mail or text from a team member.)

8. Enter the number of families contacted through an in-depth contact by the team. (Example: In person visits at family home or another location.)

9. Enter the number of families contacted by the school or site. (Examples: Email or call from the school to families. Backpack flyer to all families.)

10. Describe any recruitment assistance from outside the team. (Example: An email sent by the school principal or center director to families in the target group.)

11. What did your team do that was most effective for recruitment?

12. What were your team's greatest challenges with recruitment?

**Retention**

13. Enter the number of families who agreed to attend, based on all recruiting activities.

14. Enter the number of families who were engaged in FAST at Home activities or programming for at least one week.

15. Enter the number of families who were engaged in FAST at Home activities or programming, whether virtually or using At Home materials, for at least 6 sessions. (Note: A "session" could be a Zoom meeting with multiple families, or a weekly phone call with Team Member.)

16. Did you offer any of the following supports to encourage ongoing participation in FAST (Check all that apply)

☐ Weekly phone calls

☐ Emails, mailings, or texts to families

☐ Resource and referral information

☐ Technical support to connect online

☐ Computer equipment, such as chromebooks or notepads

List any other supports to encourage continued participation

17. What did your team do that was most effective for retention?

18. What were your teams greatest challenges with retention?

19. Was your Fast at Home program able to provide support for a family meal?  Please describe.

**Implementation Questions**

20. When did FAST at Home begin?

Date of first session

Date

MM/DD/YYYY

21. When did FAST at Home end?

Date of last session

Date

MM/DD/YYYY

22. Did your cycle use the virtual model with some or all of your participating families?

◯ Yes

◯ No

If yes, please explain.

23. Did your cycle use the "At Home" model (print materials) with some or all of your participating families?

◯ Yes

◯ No

If yes, please explain.

24. What types of referrals were made for the families at their request during the FAST program?

25. Were the services requested by families provided?  (Please comment.)

26. Did your team face any unique challenges due to the COVID-19 epidemic? How did your team deal with the challenges?

27. Did your team or your families face any other unusual circumstances or challenges?  (Examples: job loss by families or moving due to eviction)  What did you do to overcome these challenges?

28. What adaptations did your team implement to meet specific cultural, ethnic, gender or language needs of participating families?  Were these adaptations successful?

29. Please describe a Family Success Story. (If you don't have enough room, you may email the text to Families & Schools Together.)

**Special Presentation and FASTWORKS**

30. Title of Your Presentation

[                                                            ]

31. Were parents involved in selecting the Special Presentation topic?

◯ Yes

◯ No

◯ Not Sure

32. Were resources available to the families related to the Special Presentation topic?

◯ Yes

◯ No

Please explain:

[                                                            ]

33. Were parents receptive to the Special Presentation?  (For example: Did they offer feedback?)

◯ Yes

◯ No

Please comment:

[                                                            ]

34. Was FASTWORKS explained to the parents?

◯ Yes

◯ No

35. Has the Team assisted the parents to develop their mission/vision statement regarding their FASTWORKS, or do you have plans to do so?

◯ Yes

◯ No

36. Has the team helped parents to develop a list of proposed FASTWORKS activities?  (Please explain.)

○ Yes

○ No

37. When does FASTWORKS begin?

[                                    ]

38. Does your team have any other comments about FASTWORKS at this site?

[                                    ]

* 39. The questions in the remainder of the survey depend on the FAST at Home level of this cycle. Select the FAST level that your team implemented.

○ Early Childhood Education (0 - 5 years)

○ Elementary Level

○ Middle School Level

○ High School Level

**Early Childhood Education Level**

40. Evaluate the components of the FAST Cycle you completed. Rate each from Very Successful to Very Challenging for this cycle. Components vary by level; the level is noted for each activity.

| | Very Challenging | Challenging | Neutral | Successful | Very Successful | Didn't Use This Component |
|---|---|---|---|---|---|---|
| Family Meal | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Family Craft | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Song/Music | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Kids Time | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Buddy Time | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Special Play | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Dialogic Reading | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| FAST Hello | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Lottery/Raffle | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Closing Circle /Rain /Announcements | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Rain | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Special Issues Presentation | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Hello | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Graduation | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

41. Please comment on successful activities.  What made them successful?  Were parents particularly engaged?  Did the team make a special effort?  (Your answers may generate ideas for other teams.)

42. Please comment on challenging or difficult activities.  What made them challenging?  What did the team do to meet the challenges?  What ideas do you have for the activity in the future?  (Your comments may help us improve.)

43. If this cycle included any children who were not in early childhood level (age 0-5 years), please describe their involvement.  (Example: the level was early childhood but an elementary sibling was also involved.)

44. FAST defines core team member roles as follows. Please list the people who filled these roles.  (You will be able to list additional team members below.)

| | |
|---|---|
| Mother Partner | |
| Father Partner | |
| Center Partner | |
| Community Partner 1 | |
| Community Partner 2 | |

45. List any other team members whom you would like to recognize and their roles. Examples: Jane Doe (Parent Partner 2), John Smith (Substance Abuse Partner), Mary Brown (Volunteer)

* 46. Have all of your core team members received training from a certified FAST trainer?

◯ Yes

◯ No

**FAST**
Families & Schools TOGETHER®

**Elementary Level**

47. Evaluate the components of the FAST Cycle you completed. Rate each from Very Successful to Very Challenging for this cycle. Components vary by level; the level is noted for each activity.

| | Very Challenging | Challenging | Neutral | Successful | Very Successful | Didn't Use This Component |
|---|---|---|---|---|---|---|
| Family Meal | ○ | ○ | ○ | ○ | ○ | ○ |
| Buddy Time | ○ | ○ | ○ | ○ | ○ | ○ |
| Parent Group | ○ | ○ | ○ | ○ | ○ | ○ |
| Kid's Time | ○ | ○ | ○ | ○ | ○ | ○ |
| Lottery | ○ | ○ | ○ | ○ | ○ | ○ |
| Closing Circle /Rain /Announcements | ○ | ○ | ○ | ○ | ○ | ○ |
| Flag Activity | ○ | ○ | ○ | ○ | ○ | ○ |
| FAST Hello | ○ | ○ | ○ | ○ | ○ | ○ |
| FAST Song/Music | ○ | ○ | ○ | ○ | ○ | ○ |
| Scribbles | ○ | ○ | ○ | ○ | ○ | ○ |
| Feelings Charades | ○ | ○ | ○ | ○ | ○ | ○ |
| Special Play | ○ | ○ | ○ | ○ | ○ | ○ |

48. Please comment on successful activities.  What made them successful?  Were parents particularly engaged?  Did the team make a special effort?  (Your answers may generate ideas for other teams.)

49. Please comment on challenging or difficult activities.  What made them challenging?  What did the team do to meet the challenges?  What ideas do you have for the activity in the future?  (Your comments may help us improve.)

50. If this cycle included any children who were not in elementary school, please describe their involvement. (Example: the level was elementary but a middle school sibling was also involved.)

51. FAST defines the core team as four people who fulfill the following roles.  Please list your core team. (You will be able to list additional team members below.)

Parent Partner 1

School Partner 1

Community Partner 1

Community Partner 2

52. List any other team members whom you would like to recognize and their roles. Examples: Jane Doe (Parent Partner 2), John Smith (Substance Abuse Partner), Mary Brown (Volunteer)

* 53. Have all of your core team members received training from a certified FAST trainer?

○ Yes

○ No

**Middle School Level**

54. Evaluate the components of the FAST Cycle you completed. Rate each from Very Successful to Very Challenging for this cycle. Components vary by level; the level is noted for each activity.

| | Very Challenging | Challenging | Neutral | Successful | Very Successful | Didn't Use This Component |
|---|---|---|---|---|---|---|
| Family Meal | ○ | ○ | ○ | ○ | ○ | ○ |
| Buddy Time | ○ | ○ | ○ | ○ | ○ | ○ |
| Parent Group | ○ | ○ | ○ | ○ | ○ | ○ |
| Kid's Time | ○ | ○ | ○ | ○ | ○ | ○ |
| Lottery | ○ | ○ | ○ | ○ | ○ | ○ |
| Closing Circle /Rain /Announcements | ○ | ○ | ○ | ○ | ○ | ○ |
| Flag Activity | ○ | ○ | ○ | ○ | ○ | ○ |
| FAST Hello | ○ | ○ | ○ | ○ | ○ | ○ |
| FAST Song/Music | ○ | ○ | ○ | ○ | ○ | ○ |
| Youth Group | ○ | ○ | ○ | ○ | ○ | ○ |
| One-on-One Time | ○ | ○ | ○ | ○ | ○ | ○ |
| Family Connections Game | ○ | ○ | ○ | ○ | ○ | ○ |

55. Please comment on successful activities.  What made them successful?  Were parents particularly engaged?  Did the team make a special effort?  (Your answers may generate ideas for other teams.)

56. Please comment on challenging or difficult activities.  What made them challenging?  What did the team do to meet the challenges?  What ideas do you have for the activity in the future?  (Your comments may help us improve.)

57. If this cycle included any children who were not in middle school, please describe their involvement. (Example: the level was middle school but an elementary sibling was also involved.)

58. FAST defines the core team as people who fulfill the following roles.  Please list your core team. (You will be able to list additional team members below.)

Youth Partner

Youth Advocate Partner

Parent Partner

School Partner

Community Partner 1

Community Partner 2

59. List any other team members whom you would like to recognize and their roles. Examples: Jane Doe (Parent Partner 2), John Smith (Substance Abuse Partner), Mary Brown (Volunteer)

* 60. Have all of your core team members received training from a certified FAST trainer?

○ Yes

○ No

**High School Level**

61. Evaluate the components of the FAST Cycle you completed. Rate each from Very Successful to Very Challenging for this cycle. Components vary by level; the level is noted for each activity.

| | Very Challenging | Challenging | Neutral | Successful | Very Successful | Didn't Use This Component |
|---|---|---|---|---|---|---|
| Family Meal | ○ | ○ | ○ | ○ | ○ | ○ |
| Buddy Time | ○ | ○ | ○ | ○ | ○ | ○ |
| Parent Group | ○ | ○ | ○ | ○ | ○ | ○ |
| Kid's Time | ○ | ○ | ○ | ○ | ○ | ○ |
| Lottery | ○ | ○ | ○ | ○ | ○ | ○ |
| Closing Circle /Rain /Announcements | ○ | ○ | ○ | ○ | ○ | ○ |
| Youth Group | ○ | ○ | ○ | ○ | ○ | ○ |
| One-on-One Time | ○ | ○ | ○ | ○ | ○ | ○ |
| Icebreakers | ○ | ○ | ○ | ○ | ○ | ○ |
| Family Activity Project | ○ | ○ | ○ | ○ | ○ | ○ |
| Community Service Project | ○ | ○ | ○ | ○ | ○ | ○ |
| Gross Generational Group Discussion | ○ | ○ | ○ | ○ | ○ | ○ |
| Mutual Affirmations | ○ | ○ | ○ | ○ | ○ | ○ |
| Solo Writing | ○ | ○ | ○ | ○ | ○ | ○ |

62. Please comment on successful activities.  What made them successful?  Were parents particularly engaged?  Did the team make a special effort?  (Your answers may generate ideas for other teams.)

63. Please comment on challenging or difficult activities.  What made them challenging?  What did the team do to meet the challenges?  What ideas do you have for the activity in the future?  (Your comments may help us improve.)

64. If this cycle included any children who were not in high school, please describe their involvement. (Example: the level was high school but a middle school sibling was also involved.)

65. FAST defines the core team as people who fulfill the following roles.  Please list your core team. (You will be able to list additional team members below.)

| | |
|---|---|
| Youth Partner 1 | |
| Youth Partner 2 | |
| Youth Partner 3 | |
| Parent Partner | |
| School Partner | |
| Community Partner | |

66. List any other team members whom you would like to recognize and their roles. Examples: Jane Doe (Parent Partner 2), John Smith (Substance Abuse Partner), Mary Brown (Volunteer)

* 67. Have all of your core team members received training from a certified FAST trainer?

○ Yes

○ No

**Training**

68. Describe the training your team received to support implementing FAST at Home.

## Survey Completion

**In order to complete the evaluation report for your FAST cycle, the Families and Schools Together office needs:**

**1. Confirmation that as many surveys as possible are done**
**2. A completed code key, returned to FAST by mail or email**

**If either is missing, the evaluation report may be delayed. The questions on this page will help us determine your cycle's complete and can be processed into a report. If you have questions, please contact Families and Schools Together for assistance.**

69. Are all surveys for your site complete at this time? Choose the most appropriate answer.

◯ Yes, all of this cycle's online surveys are complete. FAST can start processing them.

◯ No, the Team is still expecting more surveys to be completed.

◯ Not sure

70. Has the Team completed the code key for this cycle and returned it to FAST? (It can be sent as a PDF, a scan or photo, or mailed.)

◯ Yes, someone from the team completed the code key and sent it to the FAST office.

◯ No, the code key hasn't been sent yet.