

PROGRAM/STUDENT SERVICE QUESTIONNAIRE

Instructions: Please fill in the following questionnaire for your agency program/student service. This information is being collected to help standardize a database and distribution information for our schools and community members.

Agency Name			
Program/Student Service Name			
Partnerships Do you offer this program with any other agencies? (include partnerships offering funding)	<input type="checkbox"/> Yes, please list: _____ <input type="checkbox"/> No		
Delivery Method How is this program delivered in our community? Please check all that apply.	<input type="checkbox"/> Delivered to a class during instructional time (i.e. whole class presentations) <input type="checkbox"/> Delivered one on one or in small groups during instructional time (i.e. counselling) <input type="checkbox"/> Delivered in school, outside of classroom time (i.e. nutrition programs, after school clubs) <input type="checkbox"/> Delivered outside of school by referral or recommendation (community offered program)		
Time Requirements Please describe how the program is run and any indirect service time that needs to be dedicated to the program (i.e. Teacher training).	i.e. Program runs over a 23-week period, twice a week for 10-15 minutes each lesson. Teachers are required to take a 2 day training workshop to deliver the program.		
Delivery Personnel Please check all personnel that are involved with the delivery of this program.	<input type="checkbox"/> Agency Staff <input type="checkbox"/> Early Childhood Educator <input type="checkbox"/> Guest Speaker <input type="checkbox"/> Health Care Professional <input type="checkbox"/> Outside Instructor <input type="checkbox"/> School and Attendance Counsellor <input type="checkbox"/> School Guidance Counsellor <input type="checkbox"/> Other: _____ <input type="checkbox"/> Students <input type="checkbox"/> Teacher <input type="checkbox"/> Trained Volunteer		
Target Issues Please identify all targeted issues your program addresses.	<input type="checkbox"/> Academic Success <input type="checkbox"/> Anger Management <input type="checkbox"/> Anxiety <input type="checkbox"/> Behavioural Issues <input type="checkbox"/> Bullying <input type="checkbox"/> Career Planning / Pre Employment <input type="checkbox"/> Childcare / Child Resources <input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Cultural Awareness <input type="checkbox"/> Delinquency <input type="checkbox"/> Depression <input type="checkbox"/> Other: _____ <input type="checkbox"/> Eating Disorders <input type="checkbox"/> Family Relationships <input type="checkbox"/> Family Violence / Abuse <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Gambling <input type="checkbox"/> Grief / Loss <input type="checkbox"/> Health Promotion / Education <input type="checkbox"/> Housing / Basic Needs <input type="checkbox"/> Leadership Development <input type="checkbox"/> Life Skills <input type="checkbox"/> Mediation <input type="checkbox"/> Mental / Psychiatric Illness <input type="checkbox"/> Nutrition / Healthy Eating <input type="checkbox"/> Recreation / Physical Activity <input type="checkbox"/> Religion <input type="checkbox"/> Resiliency Development <input type="checkbox"/> Safety / Risk Management <input type="checkbox"/> Self Esteem <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Sexual Education / Pregnancy <input type="checkbox"/> Social / Interpersonal Skills <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Suicide / Self Harm		
Special Population Please indicate if your program is geared towards a specific population.	<input type="checkbox"/> Attention Deficit / Hyperactivity <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Child Welfare Wards <input type="checkbox"/> Expelled Students <input type="checkbox"/> Gifted Students <input type="checkbox"/> Intellectual / Developmental Disabilities <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Parents <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Suspended Students <input type="checkbox"/> Truant Students <input type="checkbox"/> Not Specific		

Ethnicity Please indicate if the program is geared towards a specific ethnicity.	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Francophone	<input type="checkbox"/> Not Specific
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Language Please indicate in which language(s) your program can be delivered.	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Ojibwa
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Targeted Grade(s) Please indicate in which grade level(s) your program can be offered.	<input type="checkbox"/> All Elementary Grades				<input type="checkbox"/> All Secondary Grades																															
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Service Area Please indicate the locations where you would offer this program.	<input type="checkbox"/> All			
	<input type="checkbox"/> Sault Ste. Marie <input type="checkbox"/> Batchewana FN <input type="checkbox"/> Blind River <input type="checkbox"/> Bruce Mines <input type="checkbox"/> Brunswick House FN <input type="checkbox"/> Chapleau <input type="checkbox"/> Chapleau Cree <input type="checkbox"/> Chapleau Ojibway	<input type="checkbox"/> Desbarats <input type="checkbox"/> Dubreuilville <input type="checkbox"/> Echo Bay <input type="checkbox"/> Elliot Lake <input type="checkbox"/> Espanola <input type="checkbox"/> Garden River FN <input type="checkbox"/> Goulais River <input type="checkbox"/> Heyden	<input type="checkbox"/> Hornepayne <input type="checkbox"/> Iron Bridge <input type="checkbox"/> Massey <input type="checkbox"/> Michipicoten FN <input type="checkbox"/> Missanabie <input type="checkbox"/> Mississauga FN <input type="checkbox"/> Sagamok Anishnawbek <input type="checkbox"/> Serpent River	<input type="checkbox"/> Serpent River FN <input type="checkbox"/> Spanish <input type="checkbox"/> Thessalon <input type="checkbox"/> Thessalon FN <input type="checkbox"/> Wawa <input type="checkbox"/> Whitefish Lake FN <input type="checkbox"/> White River

Costs Please describe any costs.	Any cost to School Board?	Any cost to School/Teachers?	Any cost to Student(s)?
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Program Vender Complete if the program was created by another organization.	Company Name:	Company Website/Program Website:
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Overall Description: In a structured paragraph please provide a summary of the program. Please be sure to include the categories included in the checklist below. This will be your program description to help teachers/parents and community members understand the program you offer (120 word limit).	Does your description contain the following information? <input type="checkbox"/> Targeted Issue(s) <input type="checkbox"/> Targeted Grade(s) <input type="checkbox"/> Delivery Method / Time Requirements <input type="checkbox"/> Delivery Personnel		
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Contact Personnel Please provide us with contact information should we have further questions regarding this questionnaire.	Name:	Phone:	Email:
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