

Fun Fit Programme Teacher Questionnaire – End of programme

1. What is the child's name? _____

2. How old are they? _____

3. Since taking part in Fun Fit do you think this child is better at any of the following? (please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Throwing, catching, kicking | <input type="checkbox"/> P.E. |
| <input type="checkbox"/> Balancing | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Handwriting | <input type="checkbox"/> Building things |
| <input type="checkbox"/> Using cutlery | <input type="checkbox"/> Using scissors |
| <input type="checkbox"/> Using a computer | <input type="checkbox"/> Concentrating |

4. Since taking part in Fun Fit have you noticed any change in their confidence?

- Yes No Sometimes

Please comment

5. Since taking part in Fun Fit have you noticed any change in their behaviour?

- Yes No Sometimes

Comments:

6. Since taking part in Fun Fit have you noticed any change in their ability to learn?

- Yes No

Comments:

Thank you