

Region IV Asthma Resource Toolkit Onsite Assessment  
Report Date:

**Agency Information**

Name of Program

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Address

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Head Start Director

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Number of Children Enrolled

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Number of Centers and Classrooms

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Current Policy related to Asthma Management

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**Pilot Information**

Number of Centers and Classrooms

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Number of Children in Pilot

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**Orientation Training**

Date of Training Orientation

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Number of Staff Attending (Position Titles)

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Name of Centers Visited (General Observations)

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Number of Children with Asthma

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Number of Staff with Asthma

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Results of Pre-Assessment and Post-Assessment

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Reaction to Children Resources (Coloring Books and Poster)

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## **Parent Training**

Number of Parents completing Training

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Types of Questions/Responses

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Parent Packet Distribution (Reactions)

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Home Asthma Environment Checklist (Returned)

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## **Assessment of Materials**

Use of materials for parent training and classroom activity

Increased awareness of staff and parents

Any policy changes or impacts

Recommendations for improvements

## **Trainers**

ACF \_\_\_\_\_

EPA \_\_\_\_\_

Local Asthma Educator \_\_\_\_\_