# **Breakfast After the Bell Survey**

**For Teachers and School Staff**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Teacher/Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have your seen an improvement in your students with:

|  | Positively | Negatively | No Impact | Comments |
| --- | --- | --- | --- | --- |
| Attention span/focus? |  |  |  |  |
| Academic Performance? |  |  |  |  |
| Motivation? |  |  |  |  |
| Energy? |  |  |  |  |
| Calmness? |  |  |  |  |
| Tardiness/Attendance? |  |  |  |  |
| Less Illness and/or Trips to School Nurse? |  |  |  |  |

1. Have you seen decrease in your students with:

|  | Yes | No | No Impact | Comments |
| --- | --- | --- | --- | --- |
| Irritability? |  |  |  |  |
| Restlessness? |  |  |  |  |
| Anxiety? |  |  |  |  |

1. Would you recommend Breakfast After the Bell to other schools? Y/N
2. Areas that need improvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Tips for other classrooms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Other Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this survey to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_