

# Jump4Life!

A CINCH Jump Rope Program for Kids in Healthy Hampton Roads: [Site Activity Report](#)

**Thank you for being a Jump4Life Program site! Please provide the following summary information back to us by May 31, 2013. You can fax this form to 757-668-6425 or complete the same information online (a link to the online form will be emailed to you in the spring).**

Please provide the following information:	
Your Name:	
Organization:	
City/County:	
State:	
Your Email Address:	
Your Phone Number:	

1. How many adults did you train as jump rope program trainers? \_\_\_\_\_
2. How many total kids participated in your jump rope program? \_\_\_\_\_
3. How many sessions did you offer? \_\_\_\_\_
4. How many participants attended more than one session (i.e., how many children repeated sessions over time?) \_\_\_\_\_
5. What was your total program impact (i.e., multiply the # of kids in your program by the # of sessions they attended): \_\_\_\_\_

**Summary of the Parent/Child Feedback forms: (please indicate # of responses in each category):**

**Child Feedback: Total # feedback forms \_\_\_\_\_**

1. I jump rope on my own at home.  
A lot #\_\_\_\_ Sometimes #\_\_\_\_ Never #\_\_\_\_
2. I jump rope at my program site.  
A lot #\_\_\_\_ Sometimes #\_\_\_\_ Never #\_\_\_\_
3. I like jumping rope.  
A lot #\_\_\_\_ Sometimes #\_\_\_\_ Never #\_\_\_\_
4. I jump rope more now than I did before the jump rope program.  
Yes #\_\_\_\_ No #\_\_\_\_ Not sure #\_\_\_\_
5. I am better at jumping rope because of the jump rope program.  
Yes #\_\_\_\_ No #\_\_\_\_ Not sure #\_\_\_\_
6. I want to do the jump rope program again.  
Yes #\_\_\_\_ No #\_\_\_\_ Not sure #\_\_\_\_

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**Parent Feedback: Total # feedback forms \_\_\_\_\_**

1. My child jumps rope at home.  
A lot #\_\_\_\_ Sometimes #\_\_\_\_ Never #\_\_\_\_
2. My child jumps rope at their program or school.  
A lot #\_\_\_\_ Sometimes #\_\_\_\_ Never #\_\_\_\_
3. My child likes jumping rope.  
Yes #\_\_\_\_ No #\_\_\_\_ Not sure #\_\_\_\_
4. My child jumps rope more now than before the jump rope program.  
Yes #\_\_\_\_ No #\_\_\_\_ Not sure #\_\_\_\_
5. My child has improved at jumping rope because of the jump rope program.  
Yes #\_\_\_\_ No #\_\_\_\_ Not sure #\_\_\_\_
6. I would encourage my child to participate in future Jump4Life programs.  
Yes #\_\_\_\_ No #\_\_\_\_ Not sure #\_\_\_\_