

TEEN PREGNANCY PREVENTION SURVEY SUBMISSION FORM

Agency Name _____ Program ID _____

Surveys Submitted By _____ Phone _____

e-mail _____ Submission Date ____/____/____

INSTRUCTIONS

Incomplete survey submission forms, incorrectly coded surveys or surveys missing required information will be returned to the agency for correction. DO NOT include your list of unique identifiers with your surveys.

1. Make sure student names are not written on the surveys, and check that the following information is complete and correctly coded on each survey:

- | | |
|--------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Date of survey administration | <input type="checkbox"/> Student ID |
| <input type="checkbox"/> Program ID | <input type="checkbox"/> Pre- or post-test |

2. Photocopy or scan each survey and keep for your records.

3. Please group all surveys according two categories: participant pre-test and participant post-tests. Count the total number of surveys in each category and enter the totals in the table below. You should have one total for all surveys of the same type, even if they were administered on different dates or are from different sites.

TEEN PREGNANCY PREVENTION SURVEY (English and Spanish versions)	NUMBER of PRE-TESTS	NUMBER of POST-TESTS
Participants		

4. Clip all surveys together according to the 2 categories above. For example, clip all participant pre-tests together, participant post-tests together, etc.

5. Mail surveys, along with this form, by or before December 30th and June 30th to:

Audrey Loper
 Teen Pregnancy Prevention Initiatives Evaluation Consultant
 Mailing Address: 1929 Mail Service Center, Raleigh, NC 27699-1929
 Physical Address: 5601 Six Forks Road, Raleigh, NC 27609

Questions? Contact Audrey Loper at 919.707.5688 or audrey.loper@dhhs.nc.gov.