

Open Airways for Schools® Facilitator Document & Evaluation Checklist

Program Year:	School District:
Facilitator:	School Name:
(Name & ID Code)	
Thank you for becoming an Open Airways for Schools® (OAS) facilitator. Please use this form to organize, distribute, and collect the documents for program analysis and evaluation	
Program Documents Please distribute and collect the documents listed	l below.
Parent Permission/Pre-Questionnaire (see link Distribute and collect prior to lesson 1	Please reach out to your
Ostudent Pre-Assessment (see link) Distribute and collect at the beginning of lesson 1	Asthma Management in Schools (AMS) technical support member
Student Post-Assessment (see link) Distribute and collect at the end of lesson 6	with any questions or feel free to drop your question here .
Parent Permission/Post-Questionnaire (see lir Distribute and collect 1 month after lesson 6 (if app	nk)
Student Program/Attendance Tracking Form (see link for the PDF and Excel version) Used at every lesson	
Evaluation Documents: Submission (required)	
Please enter the information for all documents listed through the links provided below or email the PDFs to your AMS technical support member.	
• .	odes when entering the data. ws: School ID + Facilitator ID + Student ID Registration facilitator ID, and the Student ID can be found on the
O Please see the links below to enter and subm	it the documents/questionnaires:
 Parent Permission Form and Questionnaire (Pre and Post): Open Airways Registration Data Entry Form 	
 Student Assessment (Pre and Post): Open Airways Pre/Post Assessment Data Entry 	
Student Program/Attendance Tracking Form: Open Airways Student Attendance Tracking	
Data Entry Timeline: Open Airways Data Entry Timeline	
Date Submitted:	
AMS Technical Assistant Contact	

_ Email: _