



**Kids Healthy Outdoors Challenge (KHOC)**  
School Year 2014-2015

**APPLICATION TO PARTICIPATE**

*(Note: Per the instructions, any eligible school may apply, but teachers and schools that have not participated in previous project years will be given priority to participate this year.)*

**Applicant Contact Information**

School Name: \_\_\_\_\_

School District: \_\_\_\_\_

School Address: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Principal Phone Number: \_\_\_\_\_

Principal e-mail address: \_\_\_\_\_

Name(s) of Proposed Third Grade Teacher Champion(s) – Please identify one, two or three. If one teacher will serve as the *main project point of contact*, please indicate which one:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Phone numbers and e-mail addresses of all Teacher Champion(s): *(Please provide the e-mail address you most frequently use.)*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**About Your School:** For the *most recently available school year*, please report your school's:

1. Total Enrollment:
2. Percent of students eligible for Free and Reduced Price Lunch:
3. Breakdown of student body by Race and Ethnicity:
4. Percent of students who are ESL:
5. The languages which are spoken by students in your school:
6. Type of School (Check one)
  - Rural
  - Urban
  - Suburban
7. Briefly describe the neighborhood where your school is located. What kinds of assets/strengths are in the neighborhood or school community? How about problems in the neighborhood or school community that impact learning? Are there any nearby parks or natural places for kids to play?
8. In what school year did you, or do you plan to, fully implement Common Core Content Standards?

**Teacher Champion Questions:** (Please duplicate these questions and provide a response for *each Teacher Champion*).

9. How long have you been an educator? A third grade teacher?
10. Briefly tell us why you want to pilot KHOC in your classroom.
11. How experienced and comfortable are you in leading classroom activities outdoors?
12. What types of supports and training would help you become more comfortable?

**School Participation Questions**

13. On average, how many opportunities each school year do your classrooms *currently* have to participate in outdoor learning activities – either on or off site? Please provide brief examples of any such activities.

14. How many field trips do your third grade classrooms typically have each year? How many are in *outdoors* locations? Please provide brief examples of these trips.

15. Does your school currently receive any special project funding to address nutrition or physical activity? (e.g., a PEP grant, Team Nutrition grant, Action for Healthy Kids, private foundation funding, etc.). If so, please describe.

16. Has your school participated in any projects that required evaluation and data collection, such as student surveys? If so, can you tell us what data you collected and how you participated in the evaluation?

17. Is there anything else you would like reviewers to know about your school or your ability to participate in KHOC?

18. How did you hear about KHOC?

**Signatures:** *In signing this application, we agree to meet the expectations for participation in the KHOC pilot project.*

Principal Signature: \_\_\_\_\_  
Date

Teacher Champion 1 Signature: \_\_\_\_\_  
Date

Teacher Champion 2 Signature: \_\_\_\_\_  
Date

Teacher Champion 3 Signature: \_\_\_\_\_  
Date