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:

   - [ ] Date of survey administration
   - [ ] Program ID
   - [ ] Student ID
   - [ ] 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.

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.

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Survey Submission Form  August 2014