



## ATV SAFETY/HELMET FITTING PROGRAM EVALUATION GUIDE

**Note: Distribution of helmets should NEVER occur without providing the ATV Safety Training and Helmet Fitting Program to the target community**

There are two evaluation phases to ATV Safety/Helmet Fitting Program, process evaluation and outcome evaluation. All documents are to be sent to a SIPP analyst within 5 working days after the event. SIPP analysts will follow-up if evaluation documents are not received.

### Process Evaluation:

Please complete the *ATV Safety/Helmet Fitting Program Process Document* for each event you conduct. The process document will include:

- 1) event information ie: date, location, TRAC
- 2) program baseline data
- 3) program data measures
- 4) barriers and facilitators to event implementation

### Outcome Evaluation:

There are two documents for collecting ATV Safety/Helmet Fitting Program outcome data.

- 1) *ATV Safety Promise*-please have all participants who attend the ATV safety program sign an ATV safety promise form
- 2) *ATV Helmet Fitting Data Collection Form*- please complete one form for each person who receives a helmet during your event

### All documents mentioned can be found:

- 1) As attachments to this document
- 2) On the SIPP website at <http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/SIPP/Pages/default.aspx>
- 3) By contacting a SIPP analyst Toll-free 866-611-3445 or 501-364-3400

**RETURNING EVALUATION DOCUMENTS:** You may mail, email or fax your evaluation documents

Mail	EMAIL	FAX
Recreational SIPP Analyst 1 Children’s Way, Slot 512-26 Little Rock, AR 72202	injuryprevention@archildrens.org	501-364-3112

Return the following documents

- 1) *ATV Safety/Helmet Fitting Program Process Document-1 per event*
- 2) *ATV Safety Pledge-1 per attendee*
- 3) *ATV Helmet Fitting Data Collection Form-1 per 10 helmet recipients*



Form to be completed by: Project Coordinator

## ATV SAFETY/HELMET FITTING PROGRAM PROCESS DOCUMENT

TRAC: \_\_\_\_\_ Project Coordinator: \_\_\_\_\_

Event Date: \_\_\_/\_\_\_/\_\_\_ Event Location: \_\_\_\_\_ Event County: \_\_\_\_\_

Mechanism: Motor vehicle

Baseline Data 2010								
METRICS	State	Ark Valley	Central	North Central	North East	North West	South East	South West
ATV related mortality	35	UR	UR	UR	UR	UR	UR	UR
ATV related hospitalization								
ATV related mortality Ages 0-19	UR	UR	UR	UR	UR	UR	UR	UR
ATV related hospitalization Ages 0-19	UR	UR	UR	UR	UR	UR	UR	UR
ATV related mortality Ages 20-64	23	UR	UR	UR	UR	UR	UR	UR
ATV related hospitalization Ages 20-64								
ATV related mortality Ages 65+	UR	UR	UR	UR	UR	UR	UR	UR
ATV related hospitalization Ages 65+	UR	UR	UR	UR	UR	UR	UR	UR
ATV related citations	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD

UR=counts under 10 are unreportable

Outcome Measures				
Measure		Overall Program Goal (# served, as per budget request)	Individual Event Goal (if multiple events, # to be served at this event)	Event Result (# actually served)
1	Total number of individuals trained in ATV Safety			
2	Total number of participants that signed promise			
3	Total number of individuals properly fitted with a program ATV helmet			
4	Total number of individuals properly fitted with their own ATV helmet			



Form to be completed by: Project Coordinator

ATV SAFETY/HELMET FITTING PROGRAM
PROCESS DOCUMENT

Did you achieve your individual event goals for your outcome measures? Yes No
If no, why not?

Did you encounter any barriers planning for this event? Yes No
If YES, what?

Did you encounter any barriers on the day of the event? Yes No
If YES, what?

What went well during this event?

Do you have any lessons learned that you'd like to share? Yes No
If YES, what?

RETURN VIA:

Table with 3 columns: Mail, EMAIL, FAX. Mail: Recreational SIPP Analyst, 1 Children's Way, Slot 512-26, Little Rock, AR 72202. EMAIL: injuryprevention@archildrens.org. FAX: 501-364-3112



Form to be completed by: Event Participant

**ATV SAFETY/HELMET FITTING PROGRAM**

## Promise Card

**Make a Promise That May Save Your Child's Life**

### My Promise to My Child:

I want to protect my children from injury.

I promise to get ATV helmets for my children and require they wear them every time they ride ATVs. Further, I promise to set a safe example by wearing an ATV helmet every time I ride.

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Parent/Guardian's Signature Date

### Child's Promise Reminder:

I promise to wear my ATV helmet every time I ride an ATV.

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Child's Signature Date

### Making Your ATV Helmet Promise Work

- Fill out the ATV promise. When you get home, put it where it will be a constant reminder, such as on the refrigerator door.
- Let your child choose her or his own helmet and make sure it fits properly.
- Set an example for your child by wearing a helmet every time you ride an ATV.
- Make it a family pact to wear helmets whenever riding ATVs. Encourage friends to purchase and wear helmets to help keep their families safe.



- Make a rule and enforce it with all who are in your care: No helmet... No riding.
- Reward your child until he/she gets into the habit of always wearing an ATV helmet.

Promise adapted from NHTSA Bike Rodeo Workbook



## ATV SAFETY/HELMET FITTING PROGRAM Helmet Fitting Data Collection Form

Form to be completed by: Event Staff  
(Make as many copies as needed)

	Gender		Age Group			Race					Size of Helmet Provided						
1	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	XS	S	M	L	XL	XXL	NA
2	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	XS	S	M	L	XL	XXL	NA
3	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	XS	S	M	L	XL	XXL	NA
4	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	XS	S	M	L	XL	XXL	NA
5	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	XS	S	M	L	XL	XXL	NA
6	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	XS	S	M	L	XL	XXL	NA
7	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	XS	S	M	L	XL	XXL	NA
8	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	XS	S	M	L	XL	XXL	NA
9	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	XS	S	M	L	XL	XXL	NA
10	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	XS	S	M	L	XL	XXL	NA



# Arkansas Department of Health

