



Evaluation Briefs

Goals and Objectives

No. 3 | December 2008

Goals and Objectives Checklist

Criteria to assess goals and objectives	Yes	No
GOAL: A broad statement of program purpose that describes the expected 5-year effects of your program.		
1. Does it specify an expected program effect in reducing a health problem?		
2. Is a target population identified?		
3. Is it a declarative statement?		
4. Is it free of jargon?		
5. Is it short?		
6. Is it concise?		
7. Is it easily understood?		
8. Is it stated in positive terms?		
9. Does it provide a framework for strategies and objectives?		
OBJECTIVES: Describes results to be achieved and the manner in which results will be achieved. They represent annual mileposts to be achieved relevant to achieving corresponding goals and strategies. <i>Well-written objectives help set program priorities and targets for progress and accountability.</i>		
1. Is the objective SMART? <ul style="list-style-type: none"> ▪ Specific: Who? (target population and persons doing the activity) and What? (action/activity) ▪ Measurable: How much change is expected ▪ Achievable: Can be realistically accomplished given current resources and constraints ▪ Realistic: Addresses the scope of the health program and proposes reasonable programmatic steps ▪ Time-phased: Provides a timeline indicating when the objective will be met 		
2. Does it relate to a single result?		
3. Is it clearly written?		



Goals and Objectives Examples

GOALS

Unclear Goal 1: To decrease risk of chronic diseases among youth within our area schools by increasing the number of schools and school districts that implement effective policies, environmental change, and educational approaches to address Physical Activity, Nutrition, and Tobacco (PANT) by increasing the number of schools and districts that implement coordinated school health (CSH) programs.

This is not a good goal because it not *concise*. It can be simplified to—

Improved Goal 1: Increase implementation of effective physical activity, nutrition, and tobacco-use prevention (PANT) efforts in schools and school districts within a coordinated school health (CSH) framework.

Unclear Goal 2: Increase the HIV/AIDS prevention capacity of the local school district.

This is not a good goal because it does not *specify an expected program effect in reducing a health problem*.

Improved Goal 2: Increase the capacity of the local school district to **reduce students' sexual risk behaviors**.

OBJECTIVES

Non-SMART objective 1: Teachers will be trained on the selected scientifically based health education curriculum.

This objective is not SMART because it is not *specific, measurable, or time-phased*. It can be made SMART by indicating *who* is responsible for training the teachers, how many will be trained, *who* they are, and by when the trainings will be conducted.

SMART Objective 1: By year two of the project, **LEA staff** will have trained **75% of health education teachers in the school district** on the selected scientifically based health education curriculum.

Non-SMART objective 2: 90% of youth participants will participate in lessons on assertive communication skills.

This objective is not SMART because it is not *specific* or *time-phased*. It can be made SMART by indicating *who* will do the activity, by when, and *who* will participate in lessons on assertive communication skills.

SMART Objective 2: By the end of the school year, **district health educators** will have delivered lessons on assertive communication skills to 90% of youth participants **in the middle school HIV-prevention curriculum**.