

Success Story Data Collection Tool

Program Information

Success Story Item	Your Answer
Contact name:	
Contact information:	Address: Email: Office number: Cell phone:
Employer/Organization name:	

Focus of the Story

Proposed Title of the Success Story: This should include your program's name and grab the attention of your audience.	
Focus/Theme of the story: Focus might be on collaboration with partners, a community prevention initiative, advocacy efforts, using data to engage stakeholders, etc.	
Point of view: The story should be from the perspective of those who benefited from the program: a participant, family member, friend, etc.	
Audience(s): Who is the intended audience for the story?	
The public health/community need for this program:	

Background of the Story

Time period of achievement:	
Location of the story:	
Program target group:	
Name and contact information of one participant to interview:	Contact Information: Name: Address: Telephone Number:
How did you accomplish your success? <ul style="list-style-type: none"> • What actions did you perform? • Who was involved? • How long did it take to accomplish? • Estimated costs and funding source(s). • Partners involved (would they be willing to include their logo in a one-page document?) <i>Think in terms of replication. What would your audience need to know to replicate your program?</i>	
Environmental context and barriers to success: What is the background of your program (context)? What barriers to success did you face and how did you overcome them?	
Key results or implications of success: Describe your most important results either at the participant, program, community, or environmental level.	

<p>Quote from a participant: Do you have any specific quotes from participants or partners that would support this story? Please include the full contact information for the person(s) being quoted and a signed release form.</p>	<p style="text-align: center;">Yes No</p> <p>Contact Information: Name: Address: Telephone Number:</p>
<p>Program impact: Since the program was implemented, how is life different for program recipients? (Changes in culture/norms, organizations, and behavior; increased access to proven prevention practice or new product, etc.) What is the estimated number of people who have benefited from the program? Were there any (unintended) results that surprised you?</p>	
Implications of the Story	
<p>Next steps: What are the next steps that need to be taken to further or continue this effort?</p>	
<p>Lessons learned: What were the key elements that made this a success? What would you do differently?</p>	
Publication Information	
<p>Do you have a photo? Please attach photo (jpg file) and consent form.</p>	<p style="text-align: center;">Yes No</p>
<p>Do you have a program logo?</p>	<p style="text-align: center;">Yes No</p> <p><i>If yes, please include an electronic copy with your submission.</i></p>

By submitting this form, I am agreeing to allow **(insert program name here)** to use this information to develop a success story that can be used in community presentations and/or in written forms of communication. I have reviewed all of the information above.

Signature

Title

Date

Office Use Only
Date Submitted: _____
Draft 1 Submitted to Program: _____
Feedback from Program Received: _____
Draft 2 Submitted to the Program: _____