



**Data Catalog**

Fill in all the information you can. Feel free to add additional rows to accommodate all the behaviors and determinants you want to assess. Proceed even if you don’t have all information; gaps can be revealing.

1. Enter the supplier or data location under Data Source(s).
2. Note whether the data exists or you have to collect new data yourself.
3. Specify the person responsible for collecting the data and the date it’s due.





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| **Community Assessment Issue** | **Data Source(s)** | **Existing or New data** | **Responsible / Date Due** |
| 1. Youth  **demographics** |  |  |  |
| 2. **Incidence** of youth pregnancy, birth, STIs & HIV/ |  |  |  |
| 3. Common **sexual risk-taking behaviors** |  |  |  |
| 4. Important risk and protective factors (**determinants)** influencing the above sexual behaviors |  |  |  |
| 5. Existing **programs, services, and resources** that address youth pregnancy and HIV/STI |  |  |  |
| 6. Potential **collaborations or partners** to support our efforts |  |  |  |

PSBA-GTO-TPP Data Catalog

The data you’ve collected and your Resource Assessment will inform this process. You start by brainstorming a list of important behaviors and risk and protective factors that call for change, and then you filter the list.

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1. Make as many copies of this tool as you and your workgroup need to complete the task.
2. Select a method:
   1. Distribute copies to the members and have them fill it out on their own. Collect the filled-in copies and have someone collate the answers to each item. The workgroup could then meet to discuss the results and decide on what the key priorities should be.
   2. Bring the workgroup together for a meeting to discuss and develop the priorities.
3. In the space to the right of the Process, list the most important behaviors that need to change according to your data analysis.
4. Add the risk and protective factors (determinants) that need to be changed.
5. Examine the resulting list, and eliminate (scratch out) any behaviors or determinants that are already being addressed in other programming.
6. Of the remaining behaviors and determinants, eliminate those for which your organization lacks the resources to address.
7. Now, eliminate any others that you can’t change or whose changes you can’t measure. The list that remains is probably getting shorter.
8. Here’s your chance to get rid of any behaviors and determinants that your organization simply chooses not to address at this time. Scratch those out.
9. Highlight or underline the remaining behaviors and determinants. These are your priority needs.
10. Describe the sort of actions or approach that your organization could take and produce the maximum impact.
11. Finally, identify the primary beneficiaries of the foregoing approach. These are your prospective participants.

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| **Process** | **Needs: Important Behaviors and Determinants to Change** |
| 1. **List** behaviors that need to change. |  |
| 2. **List** risk and protective factors (determinants) that need to change. |
| 3. **Cross ou**t any behaviors or determinants currently being addressed elsewhere. |
| 4. **Cross out** any behaviors or determinants that we lack the resources (time and budget) to confront. |
| 5. **Cross out** any priorities that we cannot change or whose change we cannot measure. |
| 6. **Cross out** any behaviors and determinants that we choose not to address at this time. |
| 7. **Highlight** the remaining behaviors and determinants.  **These are our priority needs.** |
| 8. What general approach could we take for maximum impact? |  |
| 9. Who will benefit from that approach? |  |



1. Make as many copies of the tool as you and your workgroup need to complete this step. You will need to print at least as many copies as it takes to dedicate one column to each resource.
2. Name three resources on the first row.
3. Note the Location of the resource or where it’s delivered (if relevant).
4. Specify the ages of your child/youth participants at Ages Served.
5. Enter your resource availability, including frequency or Hours of Operation. Be specific because this information will help you to identify the intensity of the resource, which could help you reach conclusions about the appropriate “dosage” for the services.
6. Describe Who Uses It? That is, who uses the program or resource? This goes beyond age and gets at demographic information about who is served.
7. List any Risk Factors Addressed by the resource.
8. List any Protective Factors Addressed by the resource.
9. Finally, collect any information you can find on What’s Working? Name any successes associated with this resource or program.

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|  | **Resource 1** | **Resource 2** | **Resource 3** |
| Name of resource |  |  |  |
| Location |  |  |  |
| Ages served |  |  |  |
| Hours of operation |  |  |  |
| Who uses it? |  |  |  |
| Risk factors addressed |  |  |  |
| Protective factors addressed |  |  |  |
| What’s working? |  |  |  |





Make sure you have the following materials on hand from Step 1 Needs & Resources:

* Relevant materials from your data and resource assessments
* Risk and protective factor (determinant) analysis
* Completed Priority Needs tool

Read and work through the Step 2 process, entering decisions on the BDI logic model columns as follows:

1. Make as many copies of this tool as you and your workgroup need to complete the task. You may want to use copies to develop rough drafts as you work then transfer the final details to a clean copy of the BDI logic model.
2. Starting at the right side of the **BDI Logic Model**, develop and write in your health goal.
3. Moving to the left, identify and write down the Behaviors that directly affect your health goal.
4. In the third column, identify and write down the risk and protective factors (Determinants) linked to the chosen behaviors.
5. Leave the fourth column, Intervention Activities, blank for now. You’ll work on filling this column in as you work through subsequent PSBA- GTO steps.







**BDI Logic Model Tool**

**Intervention Activities Determinants Behaviors Health Goal**



PSBA-GTO BDI Logic Model



**SMART Desired Outcomes**

This tool takes you through the SMART question series to compose desired outcomes and measurable factors that constitute evidence of change. You’ll need your BDI Logic Model.

1. Make as many copies of this tool as you and your workgroup need to complete the task.
2. Enter the first behavior from your BDI logic model in the Behavior or Determinant column.
3. Read each SMART Question and answer it in the Desired Outcome column. Don’t worry if you don’t have all the answers, yet. Working through this task may reveal information gaps that you need to fill. Then you can develop more specific desired outcomes statements.
4. Enter determinants linked to the behavior above. If you have more than one determinant linked to the same behavior, repeat this step using a new row for each determinant.
5. If you have more than one behavior, repeat from step 1.
6. Enter the final versions of each desired outcome statement in the Desired Outcome for Behavior Addressed column.
7. Link each statement to each behavior and associated determinants you selected and included in your BDI Logic Model.

PSBA-GTO-TPP SMART Desired Outcomes





**SMART Desired Outcomes**

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| --- | --- | --- |
| **#** | **Behavior or Determinant** | **Measurable Evidence Statement** |
|  |  | **a.** |
|  | **Desired Outcome** | **b.** |
| **S** |  |
| **M** |  | **c.** |
| **A** |  |
| **R** |  | **d.** |
| **T** |  |
|  |  | **e.** |
| **#** | **Behavior or Determinant** | **Measurable Evidence Statement** |
|  |  | **a.** |
|  | **Desired Outcome** | **b.** |
| **S** |  |
| **M** |  | **c.** |
| **A** |  |
| **R** |  | **d.** |
| **T** |  |
|  |  | **e.** |

SMART Desired Outcomes PSBA-GTO-TPP

The two versions of this tool apply to different stages of program implementation. Use the first version, **Checklist for Programs: Prospective EBPs**, while you are narrowing the list of existing programs to the handful you plan to consider further. Use the second version, **Checklist for Programs: Existing** if you need to assess your current program.



**Checklist for Programs**

Evaluating Prospective EBPs

1. Make plenty of copies for participants assessing multiple EBPs.
2. Respond to each characteristic, Yes or No, as to whether specific priorities and factors (health goal, determinants, behaviors) in the prospective EBP match those you’ve identified in Steps 1 and 2.
3. Complete the column on the right for each characteristic. This will help you start thinking about issues of fit, which we’ll address in Step 4.

Assessing Existing Programs

1. Make copies for participants.
2. Respond to each characteristic, Yes or No, with respect to the comparable characteristic of your existing program.
3. Complete the column on the right for each characteristic. This will start you on the path to solving any weaknesses your program. You can use the information to inform the Step 4 processes for examining fit.

Checklist for Programs PSBA-GTO-TPP





**Checklist for Programs: Prospective EBPs**

|  |  |  |
| --- | --- | --- |
| **EBP features compared to our goals** | **Program does this? Yes / No** | **What would we need to change to make the program fit our needs?** |
| 1. Focuses clearly on our identified health goals (e.g., STD/HIV and/or pregnancy prevention) |  |  |
| 2. Focuses narrowly on the specific behaviors we’ve identified to lead to the health goals (e.g., abstaining from sex or using condoms or other contraceptives), gives clear messages about these behaviors, and addresses situations that might lead to them and how to avoid them. |  |  |
| 3. Addresses the determinants (risk & protective factors) we selected in Step 2 (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy). |  |  |
| 4. Creates a safe social environment for youth to participate. |  |  |
| 5. Includes multiple activities to change each of the targeted determinants. |  |  |
| 6. Employs teaching methods that we could implement to actively involve participants, would help them personalize the information, and would change each determinant. |  |  |
| 7. Employs activities, instructional methods and behavioral messages appropriate to our target population’s culture, developmental age, and sexual experience. |  |  |
| 8. Covers topics in a logical sequence that we could implement. |  |  |

*Source*: *Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs*, Healthy Teen Network & ETR Associates, February 2007.

PSBA-GTO-TPP Checklist for Programs





**Checklist for Programs: Existing**

|  |  |  |
| --- | --- | --- |
| **Characteristics of effective programs** | **Program does this? Yes / No** | **How could we incorporate this characteristic into our existing program?** |
| 1. Focuses on clear health goals (e.g., STD/HIV and/or pregnancy prevention) |  |  |
| 2. Focuses on specific behaviors leading to our health goals (e.g., abstaining from sex or using condoms or other contraceptives). Gives clear messages about them and addresses situations that might lead to them with ways to avoid them. |  |  |
| 3. Addresses multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy). |  |  |
| 4. Creates a safe social environment for youth to participate. |  |  |
| 5. Includes multiple activities to change each of the targeted risk and protective factors. |  |  |
| 6. Employs sound teaching methods that actively involve the participants, helps participants personalize the information, and designed to change each group of risk and protective factors. |  |  |
| 7. Employs activities, instructional methods and behavioral messages appropriate to the youths’ culture, developmental age, and sexual experience. |  |  |
| 8. Covers topics in a logical sequence. |  |  |

*Source*: *Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs*, Healthy Teen Network & ETR Associates, February 2007

Before you settle on a specific program, you need to make sure that the activities in the curriculum are culturally appropriate for your community and your adolescent participants.

1. Make as many copies of the checklist as you need.
2. Complete the checklist using materials you developed



Program:

|  |  |  |
| --- | --- | --- |
|  | **Yes / No** | **This is what we plan to do** |
| **Community relevance**  Have you verified the relevance of the materials you plan to use (e.g., applicable, understandable, specific), or have you modified them to make them more relevant? |  |  |
| **Informed review**  Have the curriculum and materials been reviewed by members of the community or knowledgeable others? |  |  |
| **Cultural sensitivity throughout** Is the curriculum culturally sensitive throughout and not just in certain sections? |  |  |
| **Social infrastructure considerations**  Does the program take into account language, environment, values, socioeconomic status of the community members in its materials and programming? |  |  |
| **Staff experience**  Are all your program staff members knowledgeable? Do they have expertise working with the community? |  |  |
| **Cultural competence training** Has the program staff received specialized training in cultural competence? |  |  |

Use this tool to help you examine the three areas of fit for programs that you are considering. If you are already running a program, you can use the tool to help identify areas for improvement.

1. Make as many copies of the tool as you need for the workgroup to complete the first three tasks, once for each of the candidate programs that you are considering.
2. Assemble the basic information about each of the programs that you are considering before you start assessing the fit. Highlight information that answers the questions posed.
3. Starting with question 1, work through the questions in the fit tool for each program, answering yes or no in the appropriate columns.
4. Circulate copies of the **Green-Yellow-Red Light Adaptation Guide**, and complete the two columns on the right.
   1. Discuss ideas for increasing program fit. Enter your ideas in the column labeled **What would increase program fit?**
   2. Identify the suggestions as green-, yellow-, or red-light adaptations.

Program:

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the program…** | **Yes / No** | **What steps (adaptations) can be taken to increase the fit?** | **Green/Yellow**  **/Red Light** |
| **Fit with the youth’s…** | | | |
| Literacy and/or education level? |  |  |  |
| Age? |  |  |  |
| Gender? |  |  |  |
| Culture? |  |  |  |
| LGBT? |  |  |  |
| Contextual factors (i.e. urban, rural, SES, other neighborhood characteristics) |  |  |  |
| Special circumstances (foster care, juvenile delinquents, etc.)? |  |  |  |
| **Fit with the organization’s…** | | | |
| Mission? |  |  |  |
| Board support? |  |  |  |
| Staff support? |  |  |  |
| Leadership support? |  |  |  |
| Context/setting? |  |  |  |
| Program dosage? |  |  |  |
| **Fit with stakeholder’s…** | | | |
| Other programs? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Readiness for prevention intervention? |  |  |  |
| Priorities and values? |  |  |  |

Once you complete the **Capacity Assessment**, you’ll have a better idea as to your ability to implement the program you’re considering with enough fidelity to achieve your desired outcomes. The most revealing part of this task may be the gaps that appear. The gaps may be capacities you can build to achieve your goals or they may indicate that you need to select another program.

If you’re completing the tool for several programs, you might consider splitting the task among several people. You could either divide the task by each program you’re reviewing or have one person responsible for finding out all about one capacity area, such as technical expertise, for all programs you’re considering.

Proceed through the steps below. The process is simple, but it involves rigorous attention to many details about the elements and operation of your organization.

1. Make as many copies of the tool as you need to complete this task. There are separate capacity worksheets for six areas:
   * Program facilitator capacities
   * Other program staff capacities
   * Board and other leadership capacities
   * Technical capacities
   * Fiscal and other resource capacities
   * Collaboration/partnership capacities
2. Gather information describing requirements for implementing the program under consideration, including costs, staffing levels and requirements, training needs, materials, facilities, and other fiscal and resource capacities.
3. Go through each capacity worksheet and answer the questions about capacity requirements, determine whether or not your organizational capacity is adequate in each area, and then, as appropriate, explain your plan to increase capacity.

If you don’t have the necessary capacities, it’s important first to brainstorm ways to meet them. Then, if you know you can’t deliver the program well because of capacity challenges, perhaps you should consider selecting a different EBP (identified in Step 3 Best Practices) or stepping back to boost capacities before implementation.

Program:

# Program facilitator

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| **Facilitator capacities** | **Requirements** | **Yes/No** | | **Plan to increase capacity** | |  |
| Do you have the number of adult and youth facilitators recommended for the program? |  | |  | |  | |
| Do your facilitators meet program qualifications, including education level, years of experience, and necessary communication skills? |  | |  | |  | |
| Are your facilitators comfortable enough with sexuality topics to effectively deliver the program with fidelity? |  | |  | |  | |
| Have your facilitators received all training necessary for working with youth (e.g., group facilitation, abuse & neglect reporting, CPR)? |  | |  | |  | |
| Have your facilitators received sufficient training specific to the program? |  | |  | |  | |

**Other program staff**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff capacities** | **Requirements** | **Yes/No** | **Plan to increase capacity** |
| What type of additional staff do you need to do this program? |  |  |  |
| Do staff members have adequate qualifications? |  |  |  |
| Have staff members received necessary training for their role? |  |  |  |

## Notes:

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| --- | --- | --- | --- |
| **Leadership capacities** | **Requirements** | **Yes/No** | **Plan to increase capacity** |
| How committed is your organization  leadership to the program? |  |  |  |
| Do they support the program staff? |  |  |  |
| Are there clear channels of communication between all leaders involved? |  |  |  |
| How comfortable are organization leaders (e.g., staff and board) with managing controversy and conflict? |  |  |  |
| How competent or experienced are organization leaders with managing controversy and conflict? |  |  |  |
| Do the leaders involve staff members in decision-making when appropriate? |  |  |  |
| Is meeting facilitation effective? |  |  |  |

# Technical capacity

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| --- | --- | --- | --- |
| **Technical capacities** | **Requirements** | **Yes/No** | **Plan to increase capacity** |
| Are any special materials needed to deliver the program? |  |  |  |
| Do you need access to a computer or special computer programs? |  |  |  |
| Does the program require other technical components? |  |  |  |

## Notes:

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| **Fiscal and resource capacities** | **Requirements** | **OK?** | | **Plan to increase capacity** | |  |
| Transportation | Cost: | |  | |  | |
| Special trips | Cost: | |  | |  | |
| Printed materials (including curriculum) | Cost: | |  | |  | |
| Staff training | Cost: | |  | |  | |
| Participant incentives | Cost: | |  | |  | |
| Food | Cost: | |  | |  | |
| Babysitting/Sibling care | Cost: | |  | |  | |
| Number of volunteers |  | |  | |  | |
| Equipment | Cost: | |  | |  | |
| Amount of space | Cost: | |  | |  | |
| Equipment | Cost: | |  | |  | |
| Evaluation materials and efforts | Cost: | |  | |  | |
| **Total Cost** | **Cost:** | |  | |  | |

# Collaboration / partnership capacities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Collaboration capacities** | **Requirements** | **Yes/No** | | **Plan to increase capacity** | |  |
| What partners in your community are key to the success of the program? |  | |  | |  | |
| Which of these already provide support for the program? |  | |  | |  | |
| What other stakeholders in your community might support the program if asked? |  | |  | |  | |
| What stakeholders in your community could hinder program implementation? |  | |  | |  | |

## Notes:

The process for completing the Program Budget is as follows:

1. Make as many copies of the tool as you and your work group need to complete the task.
2. Enter program requirement details in each of the categories shown in the tool. Add extra lines or categories, as you need them.
3. Sub-total the costs by category.
4. Enter a total cost on the line provided at the end of the tool.

Be sure to update your budget periodically to account for changing costs. You may also need to do different budgets for different years in running a program over time. For example, the equipment costs shown in our sample may be one- time costs only and your budget for the second year will be dedicated to other, on-going costs such as staff salaries.

**Program: Name/title: Date: Summary:**

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| --- | --- | --- |
| **Item by Category** | **Calculation** | **Cost Estimate** |
| **Personnel** | | |
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| **Personnel subtotal** | | |
| **Travel** | | |
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| **Travel subtotal** | | |
| **Equipment** | | |
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| **Equipment subtotal** | | |

**Item by Category Calculation Cost Estimate**

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| --- | --- | --- |
| **Supplies** |  |  |

**Supplies subtotal**

**Other**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **TOTAL COST OF PROGRAM** | **Sum of all category subtotals** |  |



**Work Plan Tool**

You may want to create rough drafts of the plan as you gather the needed information. When you’re done, you can prepare a final draft to distribute to everyone involved.

The process for completing the **Work Plan Tool** is as follows:

1. Make as many copies of the tool as you and your workgroup need to complete the task.
2. Gather all the material you’ve developed in the five previous steps, such as assessments, BDI logic model, outcome statements, adaptation guide, and program descriptions. You may also find the Capacity Assessments from Step 5 useful.
3. Fill in the basic program information at the top of the form.
4. Starting on the left, under Activities, work your way down, completing implementation details for your program. If possible, list program activities in the order in which they occur to help you plan them out. Be sure to include all the activities from your BDI logic model in the work plan.

Don’t worry if you can’t fill in all the details. Working through this tool may help you see where there are gaps that need to be filled. Also consider your work plan as a living document; update as new tasks arise.



**Work Plan Tool**

**Program: Local name:** **Name/title: Date:** **Summary:**

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| --- | --- | --- | --- | --- |
| **Tasks: Administrative** | **When will it be done?** | **Who is responsible?** | **Where will we get any resources we need?** | **Date done** |
| Write job descriptions, plan staff meetings, prepare budget, etc. | | | | |
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| **Tasks: Policies & Procedures** | **When will it be done?** | **Who is responsible?** | **Where will we get any resources we need?** | **Date done** |
| Set confidentiality and mandatory reporting policies; get signed consent forms from participants, etc. | | | | |
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| **Tasks: Facilitation** | **When will it be done?** | **Who is responsible?** | **Where will we get any resources we need?** | **Date done** |
| Hire appropriate facilitators, train volunteers and facilitators, etc. | | | | |
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| **Tasks: Location & Materials** | **When will it be done?** | **Who is responsible?** | **Where will we get any resources we need?** | **Date done** |
| Reserve and pay for meeting space as needed; obtain and copy materials, etc. | | | | |
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| **Tasks: Recruitment & Retention** | **When will it be done?** | **Who is responsible?** | **Where will we get any resources we need?** | **Date done** |
| Recruit participants, develop retention and referral plans, etc. | | | | |
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| **Tasks: Implementation** | **When will be done?** | **Who is responsible?** | | **Where will we get any resources we need?** | | **Date completed** |
| Plan intervention activities listed in BDI logic model, schedule periodic debriefings, etc. | | | | | | |
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| **Tasks: Program Evaluation** | **When will it be done?** | **Who is responsible?** | **Where will we get any resources we need?** | **Date completed** |
| Plan tasks associated with the Step 7 Process Evaluation and Step 8 Outcome Evaluation. | | | | |
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Use this tool to help plan your process evaluations.

1. Make as many copies of the tool as you need for your work group to complete this task.
2. Important: Assign a keeper of the data, the person responsible for collecting the instruments, tools, and notes containing all the process information you gather in the course of the program. The person who takes on this role needs to be especially organized and reliable.
3. Have your **BDI Logic Model**, work plan, and program materials (i.e., guide or manual if available) handy, as well as tip sheets from this step and other completed tools.
4. Enter data for each question on the **Process Evaluation Planner**.
   * Evaluation tools/methods you plan to use (e.g., surveys, focus groups, questionnaires)
   * Anticipated schedule for completion
   * Persons responsible for gathering the data for each question

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Evaluation Methods & Tools** | **Anticipated Schedule for Completion** | **Person Responsible** |
| 1. What were the program participant characteristics? |  |  |  |
| 2. What were the individual dosages of the program participants? |  |  |  |
| 3. What level of fidelity did the program achieve? |  |  |  |
| 4. How satisfied were the participants? |  |  |  |
| 5. What was the staff’s perception of the process? |  |  |  |
| 6. How closely did the program follow the work plan? |  |  |  |
| 7. How clearly did the staff communicate program goals and content? |  |  |  |

You will use copies of this tool for compiling session process evaluations throughout the program and then to compile a single aggregate process evaluation at the end.

1. Make copies of the tool as you need them.
2. After each session, save all results in a designated file or binder.
   1. Gather the process evaluation data according to the instruments you selected and the schedule you set.
   2. Enter the results on a copy of the **Process Evaluation** tool.
   3. Label each tool with the session number and date.
3. After the whole program ends, combine the session results onto a clean copy of the **Process Evaluation** tool.



**Program: Date:** **Facilitator: Session:**

|  |  |
| --- | --- |
|  |  |
| 1. What were the program participant characteristics? |  |
| 2. What were the individual dosages for each program participant? |  |
| 3. What level of fidelity did the program achieve? |  |
| 4. How satisfied were the participants? |  |
| 5. What was the staff’s perception of the process? |  |
| 6. How closely did the program follow the work plan? |  |
| 7. How clearly did the staff communicate program goals and content? |  |



# Sample End of Session Satisfaction Survey

We would like to know your opinion of today’s program. Please answer questions 1- 7 by circling your response on the scale from 1 to 4, and fill in the blank for 8-9.

1. How would you rate the quality of the program you attended today?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| **Excellent** | **Good** | **Fair** | **Poor** |

1. Was the material organized and logical?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| **Yes, definitely** |  |  | **No, not at all** |

1. Was the material interesting to you?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| **Yes, very Interesting** |  |  | **No, not interesting** |

1. Did the presenter(s) stimulate your interest in the material?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| **Yes, definitely** |  |  | **No, not at all** |

1. Was the material relevant to your needs?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| **Yes, very relevant** |  |  | **No, not relevant** |

1. How much did you learn from the program?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| **A great deal** |  |  | **Nothing** |

1. How useful will the material in the program be to you in the future?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| **Extremely Useful** |  |  | **Not at all useful** |

1. The part of the program I liked best was
2. The part most in need of improvement is



# Sample Fidelity Rating Instrument

**Program:**

**Date:**

**Facilitator: Session:**

## Getting to Know You & Steps to Making Your Dreams Come True

After the session, rate each activity as: 1 – did not cover this in the session, 2 – partially covered this in the session, or 3 – covered this fully in the session.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **A. Welcome and program overview** |
| 1 | 2 | 3 | Foster excitement and enthusiasm about participating, but providing participants with a general overview. |
| 1 | 2 | 3 | Answer any questions participants have. |
|  |  |  | **B. Talking circle** |
| 1 | 2 | 3 | Everyone introduced themselves and shared one thing they enjoy doing (to make students feel like important contributors to the group and give an opportunity to express their thoughts and feelings). |
|  |  |  | **C. Creating group rules** |
| 1 | 2 | 3 | On newsprint, list student-suggested group rules. |
|  |  |  | **D. Be Proud! Be Responsible!** |
| 1 | 2 | 3 | On newsprint, listed students’ ideas about what it means to be proud, be responsible, and make a difference. |
| 1 | 2 | 3 | Define what it means to be proud, be responsible, and make a difference. |
| 1 | 2 | 3 | Discuss benefits of making a proud choices and engaging in proud, responsible behavior. |
|  |  |  | **E. Brainstorming about teens and sex** |
| 1 | 2 | 3 | On newsprint list, the reasons suggested by the teens for why some teens have sex. |
| 1 | 2 | 3 | On newsprint list, the possible consequences of sex as the teens brainstorm them |
| 1 | 2 | 3 | On newsprint list, the reasons the teens give as ways to prevent the negative consequences of sex. |
|  |  |  | **F. Goals and dreams timeline** |
| 1 | 2 | 3 | Showed the goals and dreams timeline poster |
| 1 | 2 | 3 | Students complete the Goals and Dreams Timeline handout. |
| 1 | 2 | 3 | List students’ goals on left side of Goals newsprint. |



|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **G. Brainstorming obstacles to your goals and dreams** |
| 1 | 2 | 3 | On the newsprint, list the students’ obstacles that could get in the way of reaching goals and dreams. |
| 1 | 2 | 3 | Discuss ways to avoid obstacles and avoid pregnancy, getting someone pregnant and getting STI/HIV. |
|  |  |  | **Other aspects of the session** |
| 1 | 2 | 3 | Were the participants interested?  1= not at all interested; 2= some were interested; 3= all or almost all were interested |
| 1 | 2 | 3 | Did the participants participate?  1= None or very few participated; 2= some participated; 3= all or nearly all participated |
| 1 | 2 | 3 | Did the session feel rushed?  1= very rushed; 2= somewhat rushed; 3= not at all rushed |

**PSBA-GTO-TPP Sample Fidelity Rating Instrument**



# Sample Overall Satisfaction Survey

1. Overall, how would you rate the *[name]* program?
   * excellent
   * very good
   * satisfactory
   * fair
   * poor
2. How useful was *[name of program]*?
   * very useful
   * somewhat useful
   * not useful
3. How well did *[name of program]* match your expectations?
   * very well
   * somewhat
   * not at all
4. What should be done to improve the program for the future?
5. Please share any other ideas or comments you think might help in future plans.



# Sample Project Insight Form

*Note: you might also generate discussion among staff using these questions at a program staff meeting or other group venue.*

Name of activity: Date: Person completing form:

1. Please list any factors that were BARRIERS to implementing the activity:
2. Please list any factors that FACILITATED implementation of this activity:



# Sample Fidelity Rating Instrument

**Program:**

**Date:**

**Facilitator: Session:**

## Getting to Know You & Steps to Making Your Dreams Come True

After the session, rate each activity as: 1 – did not cover this in the session, 2 – partially covered this in the session, or 3 – covered this fully in the session.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **A. Welcome and program overview** |
| 1 | 2 | 3 | Foster excitement and enthusiasm about participating, but providing participants with a general overview. |
| 1 | 2 | 3 | Answer any questions participants have. |
|  |  |  | **B. Talking circle** |
| 1 | 2 | 3 | Everyone introduced themselves and shared one thing they enjoy doing (to make students feel like important contributors to the group and give an opportunity to express their thoughts and feelings). |
|  |  |  | **C. Creating group rules** |
| 1 | 2 | 3 | On newsprint, list student-suggested group rules. |
|  |  |  | **D. Be Proud! Be Responsible!** |
| 1 | 2 | 3 | On newsprint, listed students’ ideas about what it means to be proud, be responsible, and make a difference. |
| 1 | 2 | 3 | Define what it means to be proud, be responsible, and make a difference. |
| 1 | 2 | 3 | Discuss benefits of making a proud choices and engaging in proud, responsible behavior. |
|  |  |  | **E. Brainstorming about teens and sex** |
| 1 | 2 | 3 | On newsprint list, the reasons suggested by the teens for why some teens have sex. |
| 1 | 2 | 3 | On newsprint list, the possible consequences of sex as the teens brainstorm them |
| 1 | 2 | 3 | On newsprint list, the reasons the teens give as ways to prevent the negative consequences of sex. |
|  |  |  | **F. Goals and dreams timeline** |
| 1 | 2 | 3 | Showed the goals and dreams timeline poster |
| 1 | 2 | 3 | Students complete the Goals and Dreams Timeline handout. |
| 1 | 2 | 3 | List students’ goals on left side of Goals newsprint. |



|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **G. Brainstorming obstacles to your goals and dreams** |
| 1 | 2 | 3 | On the newsprint, list the students’ obstacles that could get in the way of reaching goals and dreams. |
| 1 | 2 | 3 | Discuss ways to avoid obstacles and avoid pregnancy, getting someone pregnant and getting STI/HIV. |
|  |  |  | **Other aspects of the session** |
| 1 | 2 | 3 | Were the participants interested?  1= not at all interested; 2= some were interested; 3= all or almost all were interested |
| 1 | 2 | 3 | Did the participants participate?  1= None or very few participated; 2= some participated; 3= all or nearly all participated |
| 1 | 2 | 3 | Did the session feel rushed?  1= very rushed; 2= somewhat rushed; 3= not at all rushed |

**PSBA-GTO-TPP Sample Fidelity Rating Instrument**



**Outcome Evaluation Tool**

The Outcome Evaluation Tool associates your SMART desired outcomes statements with measures you select for testing them. You may need the help of a statistician to calculate mean differences.

* 1. Make as many copies of the tool as you need.
  2. Copy over the **Measure #** from the planning tool.
  3. Enter the results from your survey instruments in the remaining columns
     + Calculate mean participant (**Part.)** pre-test scores and post-test scores for each item.
     + If you use a comparison (**Comp.**) or control group, add the mean pre- and post-test scores below those of the participants
     + Calculate the mean difference (**Mean diff.**) for the score pairs (t-test).
     + If you use a comparison or control group, calculate the mean difference (t-test) for the group, and enter it below that of the corresponding participant mean difference.
  4. Briefly summarize the meaning of each result under **Interpretation**.

PSBA-GTO-TPP 1





**Outcome Evaluation**

Program: Compiled by: Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meas.**  **#** | **Response Totals** | **Part. pre/post mean Comp. pre/post mean** | **Mean Diff** | **Interpretation** |
|  |  |  |  |  |
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PSBA-GTO-TPP 2



**Outcome Evaluation Planner**

The Outcome Evaluation Planner associates the Measurable Evidence from you SMART Desired Outcomes Statement Tool with measures you select for testing them.

1. Make as many copies of the tool as you need.
2. Enter the number (#) for each Measurable Evidence item from the **SMART Outcomes** tool.
3. Enter a Measure appropriate to each Measurable Evidence item.
4. Enter the study Design & Collection Method associated with each measure. It could be the same for all measures, or you could be using multiple designs or collection methods.
5. Define the Sample population, including the size, for each measure. It could be the same.
6. Enter the number of times you plan to use the measure in the Frequency column. If you plan to survey a sample population multiple times— perhaps a pre-test, post-test, and follow-up—enter that total.

## PSBA-GTO-TPP Outcome Evaluation Planner





**Outcome Evaluation Planner**

**Program: Compiled by: \_Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Measure** | **Design & Collection Method** | **Sample** | **Frequency** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**PSBA-GTO-TPP Outcome Evaluation Planner**





**CQI Results**

1. Make copies for members of the CQI workgroup.

# Complete Needs & Desired Outcomes

1. From materials you gathered and generated in Step 1 Needs & Resources enter the Needs Addressed by your program.
2. Using the SMART Desired Outcomes tool from Step 2 Goals & Outcomes, enter the Measurable Evidence Statement associated with each need.
3. From your interpretation of the measures in your Outcome Evaluation in Step 8, check the impact on each of the statement goals, Reached, Missed, or Exceeded. As to impact on the goal, indicate whether any perceived change was Positive, Negative, or None (didn’t occur at all).
4. Finally, answer Yes or No to the question of whether or not further Action is needed.

# Process Evaluation

1. Using your Step 7 Process Evaluation, complete the fields describing program Dates and Target Population. The lettered fields are asking for desired attendance size (A), total number of participants (B), and number of participants included in the process evaluation (C). You can then calculate the percent of your target population that actually attended (C ÷
   1. and then the percent of actual participants included in the evaluation (C ÷ B).

# Planning Program Improvements

1. Once you know more about what has and has not worked, you can decide what changes to make before the program is implemented again.

PSBA-GTO-TPP CQI Results Tool



**CQI Results**

**Program: Compiled by: Date:**

**Needs & Desired Outcomes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Need Addressed** | **Measurable Evidence Statement** | **Outcome Evaluation Result** | **Action Yes/No** |
| 1. |  | * Reached Missed Exceeded Change: Positive Negative  None |  |
| 2. |  | * Reached Missed Exceeded Change: Positive Negative  None |  |
| 3. |  | * Reached Missed Exceeded Change: Positive Negative  None |  |
| 4. |  | * Reached Missed Exceeded Change: Positive Negative  None |  |
| 5. |  | * Reached Missed Exceeded Change: Positive Negative  None |  |
| 6. |  | * Reached Missed Exceeded Change: Positive Negative  None |  |
| 7. |  | * Reached Missed Exceeded Change: Positive Negative  None |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 8. |  | * Reached Missed Exceeded Change: Positive Negative  None |  |

**Process Evaluation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates and Participation Targets** | | | | |
| Program dates | | | | |
| A. **Total target population:** | | **Age/Grade:** | | |
| **Other characteristics:** | | | | |
| **Attendance** | | | | |
| B. **Total program participants who attended every session** | | | | |
| Did you maintain fidelity (offer activities according to program requirements)? | Yes No | | **If No, what percent of the program was actually delivered?** | |
| **Process evaluation results** | | | **Divide the total at C. by the total at A.** | **Divide the total at C. by the total at B.** |
| C. **Total participants in evaluation:** | | | **% of target: (C÷A x 100)** | **% of actual: (C÷B x 100)** |
| Evaluation participants (check all that apply): Facilitators or staff Participants (all) Participants (some) Others | | | | |
| How well does the evaluation represent the population served? (check on): Not at all well Somewhat well Very well | | | | |

**Planning Program Improvements**

|  |  |  |
| --- | --- | --- |
| **CQI Questions** | **Response** | **Changes for the Next Time** |
| 9. **Do we need to do another needs assessment?**  How relevant and current to our participants is the data? |  |  |
| 10. **Do we need to change goals & desired outcomes or potential participants?**  Target different behaviors?  Address other determinants (see BDI logic model)? |  |  |
| 11. **Should we consider another science-based program?** Or are there other improvements we need to make? |  |  |
| 12. **Does the program still philosophically and logistically fit our organization, stakeholders, and participants?**  If not, why not?  What adaptations could be made? |  |  |
| 13. **Do we have the resources and capacities to do the program well?**  Has there been a shift in resources? Are new staff capacities needed? |  |  |
| 14. **How well did we plan?**  Any suggestions for improvement? |  |  |
| 15. **How well did we follow our work plan?**  Did we implement the program with fidelity?  What are the main conclusions from the process evaluation? |  |  |
| 16. **How effectively did the program help us reach our desired outcomes?** |  |  |

|  |  |  |
| --- | --- | --- |
| **Sustainability Issue** | **Action** | **Priority H / M / L** |
| 1. **Needs & Resources**   * Find ways to keep data collection current * Plan for improved data collection * Strategically develop resources |  |  |
| 2. **Goals &Outcomes**   * Maintain relevance for participants * Adjust as needed to community context changes * Use logic model and other materials to raise awareness and get others involved * Develop goals and outcomes specific to sustainability |  |  |
| 3. **Best Practices**   * Improve the EBP we’re using * Update knowledge of EPBs and/or evidence base for chosen programs * Use best practices to develop and test additional models and strategies |  |  |

|  |  |  |
| --- | --- | --- |
| **Sustainability Issue** | **Action** | **Priority H / M / L** |
| 4. **Fit**   * Maintain or increase fit with participants and/or organization through staff training and education * Monitor adaptations |  |  |
| 5. **Capacities**  Plan to sustain capacities we need to keep EPB going, e.g.,   * Human * Resource * Information * Supplies, etc. * Stakeholder support |  |  |
| 6. **Plan**   * Update work plan to stay current * Review work plan to maintain relevance * Update recruitment and retention plans * Develop / update internal and external communications to support program |  |  |
| 7. **Process evaluation**   * Continue process evaluation * Use evaluation results to improve work, e.g., midcourse correction and fidelity tracking |  |  |

|  |  |  |
| --- | --- | --- |
| **Sustainability Issue** | **Action** | **Priority H / M / L** |
| 8. **Outcome evaluation**   * Improve performance and outcomes * Keep developing resources to support outcome evaluation |  |  |
| 9. **CQI (continuous quality improvement)**   * Sustain CQI commitment * Expand CQI * Use data to inform CQI * Create, implement, and assess improvement strategies |  |  |
| 10. **Sustainability**   * Develop a sustainability plan * Build capacity for sustainability * Increase resources including champions * Work on policy change |  |  |