

Planning a Program Evaluation: Worksheet



U of A
UNIVERSITY OF ARKANSAS
DIVISION OF AGRICULTURE
Cooperative Extension Service

Tell a Friend

1) Did you get a mammogram over the past year? *Tell a Friend volunteer?*

Yes No

(IF YES) - Was this you?

Yes No

What were the results?

Mammogram
 Found a lump
 Found a cyst
 Found a lump and a cyst
 Found a lump and a cyst and a lump
 Found a lump and a cyst and a lump and a cyst
 Found a lump and a cyst and a lump and a cyst and a lump
 Found a lump and a cyst and a lump and a cyst and a lump and a cyst

Do you intend to get a mammogram?

Yes No

(IF NO) - I didn't get a mammogram

Cost
 I was afraid to
 No nearby medical facilities
 No transportation
 Just didn't want to
 Just didn't want to

2) Are you aware that women in Arkansas

Yes No

3) Would you like us to have someone mail you information or call you about how you can get a free mammogram?

Yes No

(IF YES) - What is your (phone number and/or mailing address)?

4) Has your mother or a sister ever been diagnosed with breast cancer?

Yes No

5) Are you aware that annual mammography is recommended after the age of 40?

Yes No

6) Have you ever given birth to a child?

Yes No

(IF YES) - Was your last child born after you were 30 years old?

Yes No

7) I am:

39 years old or younger
 40-49 years old
 50-59 years old or older
 60 years old or older

8) I am:

White, Caucasian
 African American
 Hispanic
 Native American
 Multiracial
 Asian/Pacific Islander
 Other

This survey will help us learn more about the health care needs of Arkansas women.

Thank you again for your time.

The Arkansas Cooperative Extension Service works its programs in all eligible counties regardless of race, color, national origin, religion, gender, age, ability, marital or economic status, and in an Equal Opportunity Employer.



Focusing an evaluation

1. What are you going to evaluate?

2. What is the purpose of the evaluation?

3. Who will use the evaluation ? How will they use it?

Who/users	How will they use the information?

How many others be involved in the evaluation? _____

4. What questions will the evaluation seek to answer?

5. What information do you need to answer the questions?

What I wish to know	Indicators—How I will know it?

6. When is the evaluation needed? _____

7. What resources do you need?

a. Time available to work on evaluation: _____

b. Money: _____

c. People—professional, paraprofessional, volunteers, participants: _____

Collecting the information

8. What sources of information will you use?

Existing information: _____

People: _____

Observations: _____

Pictorial records: _____

9. What data collection method(s) will you use?

- Survey
- Interview
- Observation
- Group techniques
- Case study
- Tests
- Photos, videos
- Document review
- Testimonials
- Expert panel
- Simulated problems or situations
- Journal, log, diary
- Unobtrusive measures
- Other (list) _____

Instrumentation: What is needed to record the information?

10. What data collection procedures will be used?

When will you collect data for each method you've chosen?

Method	Before program	During program	Immediately after	Later

Will a sample be used? _____

No

Yes If yes, describe the procedure you will use. _____

Who will collect the data? _____

Using the information

11. How will the data be analyzed?

Data analysis methods: _____

Who is responsible: _____

12. How will the information be interpreted—by whom?

Who will do the summary? _____

13. How will the evaluation be communicated and shared?

To whom	When/where/how to present

Managing the evaluation

14. Implementation plan: timeline and responsibilities

Management chart _____

Budget _____

Material adapted from *PLANNING A PROGRAM EVALUATION: WORKSHEET* (G3658-1W), Ellen Taylor-Powell. University of Wisconsin-Extension, Cooperative Extension, Madison, WI, 1996.

Printed by University of Arkansas Cooperative Extension Service Printing Services.

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, religion, gender, age, disability, marital or veteran status, or any other legally protected status, and is an Equal Opportunity Employer.