

**School-Community Coalitions
Project Evaluation Reporting Form
2007 - 2008**

Please complete the following form for **each** of your coalition project. The information reported should reflect the current project implementation period. If you are not collecting data listed on the form, please indicate this by writing "NA" for "not available" in the space provided. However, if you are not collecting data because the question or item is not relevant for your project, please indicate "NR" for "not relevant." Completed forms should be returned to your coalition coordinator within **two weeks** of project completion. If you have questions about this form, contact your coalition coordinator.

Background

Coalition Name: Greater Herndon Community Coalition Date form completed: _____

Project Manager: _____ Phone: _____

E-mail: _____

Project Implementation Data

Project/Strategy Name: _____

Please indicate if this is *primarily* a: Program/Activity
 Communication of Prevention Message/Environmental Strategy

Location: _____

Start date: _____ End date: _____

For either program/activity or communication of prevention message/environmental strategy:

Number of pyramid schools involved: _____
List schools:

If a program or activity:

Total number of activities that occurred: _____

Type of activities (descriptive):

Number of service hours provided **to youth**: _____

Number of service hours provided **to adults**: _____

Total number of service hours provided **to youth and adults**: _____

If communication of prevention messages/environmental strategies:

Briefly describe the type/content of message/environmental strategies:

For programs/activities or communication of prevention messages/environmental strategies:

Number of student participants (in program or assisting with development/delivery of messages/environmental strategies) by approximate age and grade level:

_____	0 – 5	(Pre-Kindergarten)
_____	6 – 9	(K – 3 rd grade)
_____	10 – 12	(4 - 5 – 6 grades)
_____	13 – 15	(7 - 8 – 9 grades)
_____	16 – 18	(10 – 11 – 12 grades)

Total number of **youth** participants: _____

Total number of **adult** participants (in programs or assisting with messages/environmental strategies) (does not include staff or volunteers delivering programs): _____

For programs/activities:

Please indicate which of the following you used for your *program* information dissemination (mark all that apply):

Newspaper Magazine Newsletter Television Posted Flyer(s) Keep In Touch

Mailed flyers/invitations Internet Website(s) Press Conference/Media Coverage

For communication of prevention messages/environmental strategies:

Estimated number of people receiving prevention or coalition information (please provide a numeric response; if an entire community is targeted, use your best guess as to the size of the population reached): _____

Please indicate which of the following you used to communicate your *prevention messages/environmental strategies* (mark all that apply):

Newspaper Magazine Newsletter Television Posted Flyer(s) Keep In Touch
Mailed flyers/invitations Internet Website(s) Press Conference/Media Coverage

Briefly describe who you targeted with your prevention messages/environmental strategy:

Project Resources

Number of volunteers: _____ Estimated number of volunteer hours: _____
Amount of coalition funding approved: \$ _____ Amount of coalition funding used: \$ _____
Amount of in-kind services provided: \$ _____
Amount of "other" funding provided: \$ _____

Project Outcome Data

This section is for reporting a summary of your project results or outcomes. If possible, please report the percentage (%) of participants demonstrating a given outcome in the space provided. If you do not know percentages, please check the response that best corresponds to the change observed during the project period.

If your project is not measuring or observing for a specific outcome, please indicate this by writing "NR" in the space provided for "not relevant." If, however, your project is targeting the specific outcome but you do not have data available to report, please indicate this by writing "NA" in the space provided for "not available.". DO NOT report "raw" data in the space provided. Additional information may be attached to this report, if necessary.

Student Outcomes (indicate a specific % or use a check mark)

School discipline referrals for fighting, bullying, weapons, or other violent behaviors
 Decrease No change, still a problem No change, maintaining positive results Increase

School discipline referrals for substance use, possession, or distribution (alcohol, tobacco, and other drugs)
 Decrease No change, still a problem No change, maintaining positive results Increase

Academic performance
 Decrease No change, still a problem No change, maintaining positive results Increase

Other (Specify: _____)
 Decrease No change, still a problem No change, maintaining positive results Increase

Other (Specify: _____)
 Decrease No change, still a problem No change, maintaining positive results Increase

Other (Specify: _____)
 Decrease No change, still a problem No change, maintaining positive results Increase

Coalition Outcomes (to be completed by coalition coordinator)

Volunteers actively involved in the coalition
___ Decrease ___ Maintained inactive involvement ___ Maintained active involvement ___ Increase

Community representation on coalition
___ Decrease ___ Maintained inadequate representation ___ Maintained adequate representation ___ Increase

Community involvement in coalition project (i.e., collaboration with community groups, agencies, businesses)
___ Decrease ___ Maintained inadequate involvement ___ Maintained adequate involvement ___ Increase

School staff involvement in coalition project (i.e., collaboration with schools)
___ Decrease ___ Maintained inadequate involvement ___ Maintained adequate involvement ___ Increase

School/Community Outcomes

Anti-drug messages (including alcohol, tobacco, or other drugs) or anti-violence messages (including bullying, teasing, harassment, gangs, or weapons) through the use of coalition programs, communication/environmental strategies
___ Decrease ___ No change, still a need ___ No change, maintaining adequate messaging ___ Increase

Availability of out-of-school programs (including after-school, weekends, during school breaks)
___ Decrease ___ No change, still a need ___ No change, adequate availability ___ Increase

Participation by youth in out-of-school programs (including after-school, weekends, during school breaks)
___ Decrease ___ No change, low numbers ___ No change, maintaining adequate numbers ___ Increase

Overall Project Assessment

Please answer each of the following questions based on your experience with the coalition project presented in this form.

What were the strengths of this project?

- 1.
- 2.
- 3.

Did this project meet your objectives? ___Yes ___No ___Unclear

Briefly explain your answer:

Would you recommend that this project be repeated or continued? ___Yes ___No ___Yes with changes

Other comments (use back of page if needed):

Thank you for completing this form and returning it to your coalition coordinator. Documentation is critical to ensure future funding from the federal government for our prevention efforts..