

**MINORITY SERVING INSTITUTIONS (MSI)
HIV/AIDS PREVENTION SUSTAINABILITY DEMONSTRATION INITIATIVE
Semi-annual Report of Site-specific Evaluation Results**

Name of School: _____

Name of Person Completing the Report: _____

Reporting Period: ____/____/____ - ____/____/____

Date Report Submitted: ____/____/____

Provide in the table below the evaluation strategy and summary of the findings for any results that you have produced during the past six-month reporting period. Use additional pages as needed, and also attach any reports of the results that you have produced.

For any pre- and post-tests designed to measure changes in students' knowledge, attitudes and behaviors, be sure to specify the results of these changes.

| Description of Evaluation Activity (Focus Group, Pre- and Post Tests, Surveys) | Summary of Evaluation Findings |
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (5 hours) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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