**Worksheet for Identifying Case Study Interviewees**

**Form Approved**

**OMB No. 0920-xxxx**

**Exp. Date xx/xx/20xx**

**Instructions for Identifying Interviewees**

The purpose of the following sheet is to determine individuals who could be interviewed as a part of our case study of your program. Please use this form to identify people who represent the categories of program functions we are interested in learning about. Because every program uses its own names, terms, and arrangements, information on the tables will help you to be clear about the types of persons we would like to talk with.

Please return the Suggested Interviewees Form to Sarah O’Dell at ICF International by **[insert date].**

After you have returned the form, an ICF International representative will contact you to confirm who is to be interviewed. We will use the list of possible interviewees you provide to finalize the number and schedule of interviews.

* Please provide the title, name, program involvement, and contact information for each suggested interviewee as indicated for each of the categories listed.
* Please return the form to Sarah O’Dell via e-mail at [Sarah.Odell@icf.com](mailto:Sarah.Odell@icf.com) for review. An ICF International representative will arrange review the list to ensure that appropriate people have been identified and will work with each identified individual to schedule an interview.

Public reporting burden for this collection of information is estimated to average 60 minutesper response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA 0920­17AW.

**Worksheet for identifying site visit interviews for [Insert title of organization]**

The purpose of this form is to identify a range of people involved with your program and to note how they are involved. Please list the names of the persons involved in the design, delivery, and/or evaluation of the program, along with their titles and the main activities with which they are involved.

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Director(s) or Program Manager (s):** *Those persons responsible for leading the program. Program Directors oversee the program and monitor its implementation. May be responsible for managing the day-to-day implementation of the program. Program Directors or Managers provide managerial oversight for the program and staff.* **Time Required per Interview: 60-90 minutes** | | | |
| **Title/Position** | **Name** | **Main Program Involvement** | **Contact Information (e.g., telephone number and email address)** |
|  |  |  |  |
|  |  |  |  |
| **Evaluators:** *Those persons responsible for managing program monitoring and evaluation; could also be staff involved in the collection of data collection/ management.* **Time Required per Interview: No more than 60 minutes** | | | |
| **Title/Position** | **Name** | **Main Program Involvement** | **Contact Information (e.g., telephone number and email address)** |
|  |  |  |  |
|  |  |  |  |
| **Program Partners:** *Those persons and organizations associated with program implementation through partnerships, both formal and informal.* **Time Required per Interview: No more than 60 minutes** | | | |
| **Title/Position** | **Name** | **Main Program Involvement** | **Contact Information (e.g., telephone number and email address)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |