**EVALUATION TECHNICAL ASSISTANCE
PRE–POST OUTCOME SURVEYS**

On behalf of AmeriCorps (formerly known as the Corporation for National and Community Service), ICF is providing evaluation capacity building workshops throughout one year to grantees and sites that are participating in the [bundle name] evaluation. We are inviting you to complete this 15-minute survey at the beginning and end of your participation.

Participation in this survey is voluntary, but we hope you will participate because your experience and perspective are extremely valuable to assess the success of these workshops.

***1. Awareness/Attitudes/Motivation***

To what extent do you agree with the following statements in A and B? (Click “Choose an item” to select the response that best corresponds to your answer for each one.)

A. I think that an evaluation…

1. Will help me understand my program. **Choose an item.**
2. Will inform the decisions I make about my program. **Choose an item.**
3. Will justify funding for my program. **Choose an item.**
4. Will help to convince managers that changes are needed in my program. **Choose an item.**
5. Is necessary to improve my program. **Choose an item.**
6. Should involve program participants in the evaluation process. **Choose an item.**
7. Will help improve services to target populations. **Choose an item.**
8. Takes away resources that can be used to provide services. **Choose an item.**
9. Is incorporated in my daily work. **Choose an item.**

B. I am motivated to…

1. Learn about evaluation. **Choose an item.**
2. Start evaluating my program. **Choose an item.**
3. Support other staff to evaluate their program. **Choose an item.**
4. Encourage others to buy into evaluating our program. **Choose an item.**

C. To what extent are the following factors important in your motivation to engage in

program evaluation? (Click “Choose an item” to select the response that best corresponds to your answer for each one.)

1. A need to meet accountability requirements. **Choose an item.**
2. A desire to enlighten and support government policymaking and planning. **Choose an item.**
3. Changes in the organization (e.g., reorganization, new leadership, or vision). **Choose an item.**
4. A mandate from leadership to increase the learning function of evaluation. **Choose an item.**
5. A perceived lack of internal evaluation knowledge and skills. **Choose an item.**
6. A desire to seek new or increased funding. **Choose an item.**
7. A desire to use evaluation to make program improvements. **Choose an item.**
8. Other factors (please specify): **Click or tap here to enter text.**

***2. Skills/Knowledge/Behaviors***

A. To what extent do you agree with the following statements? (Click “Choose an item”

to select the response that best corresponds to your answer for each one.)

I know how to…

* 1. Recognize key concepts in evaluation (evidence, data, performance measurement, evaluation). **Choose an item.**
	2. Recognize the components of an evaluation plan. **Choose an item.**
	3. Describe what a “theory of change” is. **Choose an item.**
	4. Recognize how theory of change connects to a logic model. **Choose an item.**
	5. Recognize the attributes of a good evaluation question. **Choose an item.**
	6. Identify strategies to collect information from participants. **Choose an item.**
	7. Recognize features of process and outcome indicators of a program. **Choose an item.**
	8. Recognize who should collect data. **Choose an item.**
	9. Recognize when data should be collected. **Choose an item.**
	10. Identify common data analysis terms. **Choose an item.**
	11. Recognize how quantitative and qualitative analysis is performed. **Choose an item.**
	12. Recognize how to use the evaluation findings to improve a program. **Choose an item.**
	13. Read an evaluation report and recognize its basic components. **Choose an item.**

B. To what extent do you agree with the following statements? (Click “Choose an item”

to select the response that best corresponds to your answer for each one.)

In the past year, I helped my organization…

* 1. Acquire funding to carry out an evaluation or hire an external evaluator (as part of a grant or through other means). **Choose an item.**
	2. Provide training or technical assistance to conduct evaluation (by staff, consultants, or other means). **Choose an item.**
	3. Conduct evaluations of programs funded by my organization. **Choose an item.**
	4. Use evaluation findings to improve programs funded by my organization. **Choose an item.**
	5. Use evaluation findings to demonstrate and communicate effectiveness of programs funded by my organization. **Choose an item.**

C. Does your organization have any of the following? (Click “Choose an item” to select

“yes” or “no” for each statement.)

* 1. Staff position(s) or a group within your organization dedicated to evaluation. **Choose an item.**
	2. External evaluation partner(s)—consultant(s) or organization(s) that provide your organization with evaluation services. **Choose an item.**
	3. Part of the organization’s budget dedicated to evaluation. **Choose an item.**

***3. Barriers***

To what extent have you experienced the following barriers to conducting a program evaluation? (Click “Choose an item” to select the response that best corresponds to your answer for each one.)

* 1. Not enough time. **Choose an item.**
	2. Not enough money. **Choose an item.**
	3. Not knowing how to conduct a program evaluation. **Choose an item.**
	4. Not having assistance with data collection. **Choose an item.**
	5. Not getting enough people to respond to surveys. **Choose an item.**
	6. Not knowing how to analyze data. **Choose an item.**
	7. Not having people to turn to for consultation and assistance. **Choose an item.**
	8. Not knowing what questions to ask. **Choose an item.**
	9. Not knowing how to write up results. **Choose an item.**
	10. Other factors (please specify): **Click or tap here to enter text.**

***4. About the Respondent***

1. **[Demographics]** What race/ethnic group do you identify with? (Select one.)

[ ]  Asian/Asian-American

[ ]  Black/African-American

[ ]  Hispanic/Latino/Latina

[ ]  White

[ ]  Native American/American Indian/Alaskan Native/Native Hawaiian/
Pacific Islander

[ ]  Multi-racial or multi-ethnic (2+ races/ethnicities)

[ ]  Prefer not to respond

1. **[Demographics]** What is your gender? (Select one.)

[ ]  Male

[ ]  Female

[ ]  Non-conforming

[ ]  Prefer not to respond

[ ]  Prefer to self-describe (please specify): **Click or tap here to enter text.**

1. How long have you worked with your organization? (Select one.)

[ ]  Less than 1 year

[ ]  2-5 years

[ ]  6-10 years

[ ]  11-20 years

[ ]  20+ years

1. What is your position in the organization? (Select one.)

[ ]  Leader (CEO, executive director)

[ ]  Other executive

[ ]  Manager/supervisor

[ ]  Staff

[ ]  Board member

[ ]  Other (please specify): **Click or tap here to enter text.**

1. How long has your organization worked with AmeriCorps (formerly known as CNCS)? (Select one.)

[ ]  Less than 1 year

[ ]  2-5 years

[ ]  6-10 years

[ ]  11-20 years

[ ]  20+ years