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**BLANK Evaluation Report Template for Grantees**

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# Part 1: REQUIRED FOR ALL GRANTEES: Introduction

Insert a short introduction to the outcomes/indicators your program measured. Include the information shown in the following table, either in narrative format or in a similar table.

|  |  |
| --- | --- |
|  | **Number** |
| What is the number of people you had **planned to reach** at the time of your grant application to Marillac Mission Fund? This number must match the number of people you originally proposed to serve in your application. |  |
| What is the number of people you **actually served** during the grant period? This number must match the number of people you will report as the Total Number of Unduplicated/Unique Clients Served in Project/Program under Grantee Data in this Status Report. |  |
| What is the number of people who **completed the program or received all the services** you had intended to deliver?  |  |

# Part 2: Increased Access to Needed Community Resources

1. **Include the Introduction shown on Page 1**
2. **State the indicator you measured. Then, show the responses/actual numbers from whatever form/tool/format you used for evaluation as illustrated in the following example for the indicator, Increased Access to Needed Community Resources.**

No. of people who were tracked/evaluated for Increased Access to Community Resources: \_\_\_\_\_\_\_\_\_\_\*\*\*

**\*\*\*Be sure to include this figure!** This is number of people for which you have **evidence**/**completed evaluation forms**. **These are the ONLY clients who should be included in your evaluation numbers**.

*\*\*\*Measuring this indicator includes tracking the number and type of referrals for each client as well as tracking client follow-up with the services and whether the client’s need for a community resource was met.*

1. **If you used the Sample Resource/Referral Tracking Grid to measure Increased Access to Needed Community Resources, please use the following format to report your results.**

|  |  |
| --- | --- |
| **Item from the Evaluation Form** | **Number**  |
| a. Total number of clients who received referrals |  |
| b. Total number of referrals made |  |
| c. Breakdown of referral types | Housing assistance: Food/nutrition: Healthcare: Legal assistance: Childcare: Other/Misc.:  |
| d. Total number of referrals in which clients received the services/resources they needed  |  |
| 1. Total number of clients who followed up and received the services/resources they needed (or are receiving ongoing services from this resource)
 |  |
| 1. The effectiveness of the resource in meeting the clients’ needs (based on the total number or referrals in which clients followed up on their referrals)
 | Very effective: Somewhat effective: Not effective:  |

1. **Using the information you completed for the table above, complete the chart below:**

|  |  |
| --- | --- |
|  | **Number** |
| How many people showed **Increased Access to Needed Community Resources,** based on the number shown for Item e. above? |  |

**This number shows you the number of people who achieved the indicator of Increased Access to Needed Community Resources**. Please enter this number for the appropriate item on your MMF status report.

# Part 3: Indicators Measured with Pre/Post Scales or Inventories

Examples of Indicators:

* Improvements in Overall Well-Being
* Improved Levels of Functioning

This format is appropriate if you used evaluation tools like the following:

* Depression or Anxiety Scales or Inventories
* Activities of Daily Living or Functional Assessments
* Caregiver Self-Assessments
* Social Support Inventories
* Quality of Life and Behavioral Health Assessments
* Etc.
1. **Include the Introduction shown on page 1**
2. **State the indicator you measured. Then, show the responses/actual numbers from whatever form/tool/format you used for evaluation.**

No. of people who were tracked/evaluated for improvements on this specific indicator: \_\_\_\_\_\_\_\_\_\_\*\*\*

**\*\*\*Be sure to include this figure!** This is number of people for which you have **evidence**/**completed evaluation forms**.

**These are the ONLY clients who should be included in your evaluation numbers**.

*\*\*\*For pre/post survey results,* ***ONLY INCLUDE THOSE WHO COMPLETED BOTH PRE- AND POST-SURVEYS/ASSESSMENTS.***

1. **Using the direct results from your evaluation forms, you can use the table format below to report pre and post results side-by-side for comparison.**

|  |  |  |
| --- | --- | --- |
| **Evaluated Area from Your Evaluation Tool OR Evaluation Question/Item** | **When They Began Receiving Services** **(Pre)** | **When They Stopped Receiving Services (Post)** |
| Enter categories that describe the range of the scores as they relate to the severity/strength of the client’s needs or resources. In some cases, the form will give you ranges of scores and what they mean. Other times, you can divide the total possible score into four meaningful categories, ordered by level of need. *For example, if you used a Depression Scale or Inventory:*1. Where did clients fall in terms of **levels of depression?**

  | Where did your clients score/what was their level of skill or functioning or stability related to the first aspect of what you measured in your evaluation form?*List the categories of “levels of need/strengths” that were present in your evaluation form/tool and fill in the number of clients who fell in each level.*  | List the breakdown of where clients fell according to their ending levels when they completed services. Be sure to note their ending level in relation to their beginning level, so which clients improved, stayed the same, or decreased. |
| 1. Where did clients fall in terms of **anxiety?**
 |  |  |
| *Repeat for each category of well-being/mental or behavioral health evaluated* |  |  |

1. **Using the information you completed for the table above, complete the chart below:**

|  |  |
| --- | --- |
|  | **Number** |
| How many people showed **improvement in their depression scores,** based on a comparison of the numbers shown for Item 1 above? |  |
| How many people showed **improvement in their anxiety scores,** based on a comparison of the numbers shown for Item 2 above? |  |
| **Overall, how many people showed an improvement in one or more of these categories?** |  |

**The bottom number shows you the number of people who achieved the indicator of Improvement in Mental Health/Well-being**. Please enter this number for the appropriate item on your MMF status report.

# Part 4: Indicators Measured by Pre/Post Forms or Inventories with Categorical or Likert-type Responses that Are Not Typically Scored

Examples of Indicators:

* Increased Stability
* Caregiver Stress

Use the sample table/grid below to show the breakdowns of categories of responses for evaluation tools like the following:

* Quality of Life Questions from Extended Surveys
* Levels of Stability in Multiple Categories
* Surveys with Likert-type Responses That Aren’t Typically Scored
1. **Include the Introduction shown on page 1**
2. **State the indicator you measured. Then, show the responses/actual numbers from whatever form/tool/format you used for evaluation.**

No. of people who were tracked/evaluated for improvements on this specific indicator: \_\_\_\_\_\_\_\_\_\_\*\*\*

**\*\*\*Be sure to include this figure!** This is number of people for which you have **evidence**/**completed evaluation forms**.

**These are the ONLY clients who should be included in your evaluation numbers**.

*\*\*\*For pre/post survey results,* ***ONLY INCLUDE THOSE WHO COMPLETED BOTH PRE- AND POST-SURVEYS/ASSESSMENTS.***

1. **Complete a table that shows pre and post results side-by-side for comparison, as shown in the example below for the indicator Improved Stability Related to Basic Needs.**

|  |  |  |
| --- | --- | --- |
| **Evaluated Area from Your Evaluation Tool OR Evaluation Question/Item** | **When They Began Receiving Services** **(Pre)** | **When They Stopped Receiving Services (Post)** |
| Where did your clients score/what was their level of skill or functioning or stability related to the first aspect of what you measured in your evaluation forms?*For example, if you used the sample tool in the MMF User’s Guide to measure increased stability related to basic needs, you would list the areas you evaluated for your clients.*1. Where did clients fall in terms of **housing** stability?
 | List the breakdown of where clients fell according to their initial levels [of skills, functioning, stability] when they began receiving services. *List the categories of “levels of need” that you used in your evaluation forms/tools and fill in the number of clients who fell in each level.*  | Enter their average score across the group if your instrument can be scored OTHERWISElist the breakdown of where clients fell according to their ending levels when they completed services. Be sure to note their ending level in relation to their beginning level, so which clients improved, stayed the same, or decreased. |
| 1. Where did clients fall in terms of **access to transportation?**
 |  |  |
| 1. Where did clients fall in terms of **food/nutrition?**
 |  |  |
| *Repeat for each category of need/functioning/skill evaluated.* |  |  |

1. **Based on comparisons of the numbers you collected, and comparing your “pre” numbers to your “post” numbers, please compute the figures that go in the following table.**

|  |  |
| --- | --- |
|  | **Number** |
| How many people showed **improvement in their housing stability,** based on a comparison of the numbers shown for Item 1 above? |  |
| How many people showed **improvement in their access to transportation,** based on a comparison of the numbers shown for Item 2 above? |  |
| How many people showed **improvement in the area of food/nutrition,** based on a comparison of the numbers shown for Item 3 above? |  |
| **Overall, how many people showed an improvement in one or more of the following categories?** |  |

**The bottom number shows you the number of people who achieved the indicator of Improved Stability Related to Basic Needs**. Please enter this number for the appropriate item on your MMF status report.

# Part 5: Indicators Measured with Tracking Forms Completed Over Time

Examples of Indicators:

* Improved Employment Situations
* Legal Assistance
* Improved Housing and Safety Status
1. **Include the Introduction shown on page 1**
2. **State the indicator you measured. Then, show the responses/actual numbers from whatever form/tool/format you used for evaluation as illustrated in the following example for the indicator, Improvement in Employment Status.**

No. of people who were tracked/evaluated for this specific indicator: \_\_\_\_\_\_\_\_\_\_\*\*\*

**\*\*\*Be sure to include this figure!** This is number of people for which you have **evidence**/**completed evaluation forms**. **These are the ONLY clients who should be included in your evaluation numbers**.

1. **Then complete a table like the one shown below for Improved Employment Situations. When you’re reporting on exact numbers with a wide range, you may want to report on averages for the whole group of clients evaluated rather than to list their various responses. If you’re measuring improvement over time, be sure to select out figures describing where they were at the beginning of the program as compared to where they were at the end.**

The table below is based on the sample Improved Employment Situations form available on the MMF website.

|  |  |  |
| --- | --- | --- |
|  | **When They Began Receiving Services** **(Pre)** | **When They Stopped Receiving Services (Post)** |
| 1. How many people were employed at the following levels?

   | Full-time permanent: Part-time permanent: Full-time temporary: Part-time temporary: Temporary; hours vary: Internship: Subsidized work program: Other:  | Full-time permanent: Part-time permanent: Full-time temporary: Part-time temporary: Temporary; hours vary: Internship: Subsidized work program: Other:  |
| B. What was the **average overall number of hours** worked per week? (Compute the average across the total number of people evaluated.) |  |  |
| 1. What was the **average hourly wage**?
 |  |  |
| 1. What was the **average monthly earned income?**
 |  |  |
| 1. How many people received **benefits** from their employment situations?
 | Health insurance: Other benefits:  | Health insurance: Other benefits:  |

1. **Based on comparisons of the numbers you collected, and comparing your “pre” numbers to your “post” numbers, please compute the figures that go in the following table.**

|  |  |
| --- | --- |
|  | **Number** |
| How many people showed **improvement in their levels of employment,** based on a comparison of the numbers shown for Item A above? |  |
| How many people showed an **increase in the number of hours** they worked per week? |  |
| How many people showed an **increase in the average hourly wage**? |  |
| How many people showed an **increase in the average monthly earned income**? |  |
| How many people showed an **increase in employment benefits?** |  |
| **Overall, how many people showed an improvement in one or more of the following categories?** |  |

**The bottom number shows you the number of people who achieved the indicator of Improvement in Employment Situation**. Please enter this number for the appropriate item on your MMF status report.

# Part 6: One-time Surveys

Examples of Indicators:

* Users of Transportation Services
* Similar Types of Assistance
1. **Include the Introduction shown on page 1**
2. **State the indicator you measured. Then, show the responses/actual numbers from the surveys you used to measure the indicator. THIS NEEDS TO BE THE NUMBER OF PEOPLE WITHOUT DUPLICATES. That is, you need to provide the total number of people who completed surveys, NOT the total number of surveys if some people could have filled out you more than one survey.**

If someone completed more than one survey and you’re able to tell which surveys they are, just include their most recent results in your count/results.

No. of people who were tracked/evaluated using these surveys: \_\_\_\_\_\_\_\_\_\_\*\*\*

**\*\*\*Be sure to include this figure!** This is number of people for which you have **evidence**/**completed surveys**. **These are the ONLY clients who should be included in your evaluation numbers**.

1. **Please use a table format (like the one below) to report on the actual number of unduplicated responses to the survey items that are DIRECTLY related to the indicator you are measuring. If you used a 10-item survey but only 3 of those items are related to your indicator, you only need to report on results for those 3 items.**

The table below uses the sample Transportation Survey provided on the MMF website. All the items on this survey, which is based on an actual survey used by a MMF grantee, are shown. Groups of these items can be used to measure different indicators so all items are shown.

|  |  |
| --- | --- |
| **Survey Item** | **Number of Responses** |
| What does this transportation service allow you to do? | Medical appointments: Dental appointments: Grocery shopping: Other shopping: Social Visits: Salon Visits: Other Basic Needs: Other:  |
| If you didn’t have this transportation service, would you be able to continue these activities? | Yes: No:  |
| Has using this service made your life easier? | Yes: No:  |
| If yes, in what ways has using this service made your life easier? (please check all that apply) | I feel less stress: I can go where and when I want more easily: I feel I am less of a burden on others: I am better able to do the things I want to do: I feel safer and more secure: I feel less isolated: I am better able to make and keep health care appointments: Shopping is more convenient:  |

1. **Based on the numbers you collected, you can compute the figures that go in the following table.**

|  |  |
| --- | --- |
|  | **Number** |
| If you are measuring the indicator **Improved Stability related to Basic Needs:** How many people said they used Transportation services to go to medical and dental appointments, for grocery shopping, or for other basic needs? *This is the number you would report on your MMF status report for the number of clients who achieved this indicator.* |  |
| If you are measuring the indicator **Clients Report Improvement in Well-Being**:How many people said they using this service made their lives easier or reported that they felt less stress, or can go where they want more easily, or feel less isolated, or are better able to do what they want to do, or feel safer and more secure, or experience greater convenience? *This is the number you would report on your MMF status report for the number of clients who achieved this indicator.* |  |