Conducting Outcomes Evaluation in Empowerment Programs:
A Workshop

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Ames, Iowa
April 2002
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Workshop Objectives & Agenda

Conducting Outcomes Evaluation in Empowerment Programs

Objectives:
Participants will:
• Identify purposes of evaluation
• Differentiate between evaluation input, output, quality, and outcomes
• Identify output and outcome measures logically linked to program indicators
• Plan appropriate output and outcome measures

Agenda

8:30  Introductions
     Why Evaluate?

9:00  Identifying Types of Evaluation Data

9:45  Developing a Logic Model

10:15 Break

10:30 Linking Local Needs to Evaluation Outcomes


12:25 Evaluate workshop

12:30 Adjourn
“If you do what you always did…
You will get what you always got.”

Kenneth W. Jenkins
President, Yonkers NY NAACP

Introduction: Why Evaluate?

Initially many program providers see outcomes evaluation as a threat, or a way to appease external funding agencies. However, outcomes evaluation can help programs accomplish many desirable goals, including

- Increasing public awareness and recognition
- Recruiting and retaining competent staff
- Retain or increase funding
- Improve services
- Identify staff training needs
- Revise budgets

The following statement from the director of a human services agency illustrates the potential benefits of outcomes evaluation.

Outcome measurement is a real morale builder for the staff. They take it hard when teens get pregnant again, but I was able to show them that only 7 percent get pregnant while in the program, compared to 52 percent in the county and 44 percent in the state. It gives the staff a sense of pride to understand that these girls would be part of the 52 percent if we didn’t work with them.


In order to reach these benefits, an outcomes evaluation effort must involve a team of individuals involved in designing and providing program services. Ongoing data collection from multiple individuals is essential for program monitoring and improvement. Before designing an outcomes evaluation, it’s important to agree on terms. There is a great deal of confusion about language in evaluations—for good reason. Different evaluation models use different terms to describe the same activities. For this reason, the State of Iowa has developed a Common Results Language Framework, which we will use throughout this workshop. The following materials were developed by the Empowerment Board, and distributed through their on-line newsletter:
Common Results Language Framework:
A Joint Legislative Fiscal Bureau/Department of Management/Empowerment Project

Background:
• Because of the commitment to results-oriented government in Iowa, the Legislative Fiscal Bureau and the Department of Management convened a team to develop a common results language framework. Representatives from Iowa State University Extension and Empowerment were part of the Team.
• The strategy calls for achieving the results-based framework and common terminology first within the empowerment context. Then using a successful experience to spread the model across the executive and legislative branches.
• The Iowa Empowerment Board approved the terminology at its April 14, 2000 meeting.
• Marc Friedman, through the AE Casey Foundation, met with the team and empowerment representatives and indicated support for the terminology with the addition of some “plain English” descriptions which were incorporated.

1. Demand
   Definition: the estimated level of need for any program, activity, or service
   • What is the program, activity, or service and who needs it?
   • Demographic information may be used to document needs and to describe populations with needs.

2. Result
   Definition: the effect desired for Iowans.
   “Results” can be stated in different degrees of specificity. “Safe Iowans” is an example of a broadly stated result. “Safe Iowans” describes an effect desired for Iowans but is too broad to measure or to guide decision making. If a department, division, or work unit were asked to make Iowans “safer,” they would need more policy guidance before knowing what to do. Should they make roads safer? Work to keep muggers off the streets? Reduce the incidences of domestic violence? Safer from What?

   Policymakers should state the specific results they want to see achieved so those charged with implementing policy can suggest measures, identify strategies, and propose initiatives. In the example above, one possible specific result is “highways of alcohol-related accidents.”

Empowerment results for Iowans
   A. Healthy Children (Birth to 4)
   B. Children Ready to Succeed in School
   C. Safe and Supportive Communities
   D. Safe and Nurturing Families
   E. Secure and Nurturing Child Care Environments
3. **Indicator**  
Definition: A measure that indirectly quantifies the achievement of a result.

Indicators can be statewide indicators or local indicators. They should be community-, county-, or state-wide quantities, however, not the direct outcomes or outputs from services provided.  
Sometimes the statewide indicator and the local indicator can be the same thing, such as the rate of immunization by age 2 as an indicator of Healthy Children at the statewide level and/or the local level.

Other local indicators of Healthy Children, such as lead screening (which is not a statewide indicator) could be determined by the local empowerment area.

The next section of Performance Measures (program level outcomes) is significant for evaluating local outcomes.

4. **Performance Measures**  
Definition: measures that assess a program, activity, or service. Performance measures include:

a. **How much did we put in? (Input measures):** The financial and non-financial resources invested, used, or spent for programs, activities, or services

b. **How much did we do? (Output measures).** A quantification of the programs, activities, or services produced or provided.

c. **How well did we do it? (Quality, efficiency, and customer satisfaction measures):** Measures of the quality, speed, accuracy, cost, unit cost, or productivity associated with a given program, activity, or service.

d. **What difference did it make for the customer? (Outcome measures):** The measurable effect on customers, clients, the environment, roads, etc., of a program, activity, or service.

**Clarifying Output and Outcomes**

Many individuals confuse participant measures of output and outcomes. Measures of participant satisfaction with the services provided are output evaluations. In contrast, outcome measures of actual or perceived change in program participants (for example, children, parents, child care providers). Outcomes represent the benefits for the participants who received the service (for example, parents talk more with their children). Outcome data:

- are observable and measurable.
- identify characteristics (goals, attitudes, skills, or knowledge) of the program participant (parent, child, trainee) that have changed as a result of the program services.
- are usually expressed as both a number and percent of the participants who have reached this particular outcome.
The following are *NOT* outcomes:
- Recruiting and training staff or volunteers (this is an input)
- Purchase of supplies or equipment (this is an input)
- Number of participants served (this is an output)
- Number of trainings provided (this is an output)
- Number of referrals made (this is an output)
- Participant satisfaction (this is also an output, measuring the quality of the program)

Outcomes represent change in something for someone. Table 1 gives examples of key concepts that can be used in outcome statements:

**Table 1. Key Terms in Outcome Statements**

<table>
<thead>
<tr>
<th>The Desired Effect of the Program on Participants is</th>
<th>For which participants?</th>
<th>In what area?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase</td>
<td>Parents</td>
<td>Goals</td>
</tr>
<tr>
<td>Improve</td>
<td>Children</td>
<td>Attitudes</td>
</tr>
<tr>
<td>Expand</td>
<td>Child Care Providers</td>
<td>Skills</td>
</tr>
<tr>
<td>Decrease</td>
<td>Teachers</td>
<td>Knowledge</td>
</tr>
<tr>
<td>Reduce</td>
<td>Neighborhoods</td>
<td>Condition (e.g., mortality)</td>
</tr>
<tr>
<td>Maintain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

One of the initial challenges in designing an outcomes evaluation is to differentiate between data that measures community needs assessments, program input, program output, program quality, short-term outcomes, and long-term outcomes. The following exercise will help distinguish between each of these important types of data. The answer key is on the following page.
**Exercise 1: Identifying Types of Evaluation Data**

**Place the corresponding letter by each number:**

<table>
<thead>
<tr>
<th>N: Community Needs Assessment Data (an indicator)</th>
<th>Q: Quality Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>I: Input Data</td>
<td>SOC: Short-term Outcome Data</td>
</tr>
<tr>
<td>Op: Output Data</td>
<td>LOC: Long-term Outcome Data</td>
</tr>
</tbody>
</table>

1. _____ 56 phone calls were received by CCRR seeking infant-toddler care.
2. _____ Child care providers report 50% increase in knowledge of health and safety practices after attending child care training.
3. _____ $30,000 for grants to child care centers and homes to purchase start-up equipment and materials.
4. _____ 90% of the single mothers living in Wonderful County work outside the home.
5. _____ 37 (60%) children who participated in XYZ Home Visitation program scored at age level or above in motor, language, cognitive, social-emotional areas on ASQ (Ages & Stages Questionnaire).
6. _____ $10,000 for training reimbursement or scholarships ($50 per training workshops) were given to 2000 providers.
7. _____ Six training sessions from Program for Infant-Toddler Caregivers were held in Wonderful County for infant toddler caregivers (average of 8 providers per session).
8. _____ Infant-toddler care is currently available in one child care centers and 6 family child care homes in Wonderful County.
9. _____ Seventy-five (75) parents attended the orientation of XYZ Parent Program.
10. _____ Teachers report a 40% increase in cognitive skills of kindergarten children who participated in XYZ program.
11. _____ 150 (75%) children in Wonderful County are being served by XYZ Program.
12. _____ Ten special needs grants were awarded to child care providers in Wonderful County.
13. _____ Two full-time home visitors were employed ($40,000).
14. _____ Grants were awarded to 10 child care providers for 10 children from low income families.
15. _____ $2500 was given to CCRR for consultant to provide training and recruitment services.
16. _____ 130 (75%) children eligible for free/reduced school lunch who participated in the XYZ program were reading at grade level.
Exercise 1: Applying the Common Results Language Framework (Answer Key)

<table>
<thead>
<tr>
<th>N: Community Needs Assessment Data (an indicator)</th>
<th>Q: Quality Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>I: Input Data</td>
<td>SOC: Short-term Outcome Data</td>
</tr>
<tr>
<td>Op: Output Data</td>
<td>LOC: Long-term Outcome Data</td>
</tr>
</tbody>
</table>

1. **N**: 56 phone calls were received by CCRR seeking infant-toddler care.
2. **SOC**: Child care providers report 50% increase in knowledge of health and safety practices after attending child care training.
3. **I**: $30,000 for grants to child care centers and homes to purchase start-up equipment and materials.
4. **N**: 90% of the single mothers living in Wonderful County work outside the home.
5. **SOC**: Thirty-seven (37) (60%) children who participated in XYZ Home Visitation program scored at age level or above in motor, language, cognitive, social-emotional areas on ASQ (Ages & Stages Questionnaire).
6. **I**: $10,000 for training reimbursement or scholarships ($50 per training workshops) were given to 2000 providers.
7. **OP**: Six training sessions from Program for Infant-Toddler Caregivers were held in Wonderful County for infant toddler caregivers (average of 8 providers per session).
8. **N**: Infant-toddler care is currently available in one child care centers and 6 family child care homes in Wonderful County.
9. **OP**: Seventy-five (75) parents attended the orientation of XYZ Parent Program.
10. **LOC**: Teachers report a 40% increase in cognitive skills of kindergarten children who participated in XYZ program.
11. **OP**: 150 (75%) children in Wonderful County are being served by XYZ Program.
12. **OP**: Ten special needs grants were awarded to child care providers in Wonderful County.
13. **I**: Two full-time home visitors were employed ($40,000).
14. **OP**: Grants were awarded to 10 child care providers for 10 children from low income families.
15. **I**: $2500 was given to CCRR for consultant to provide training and recruitment services.
16. **LOC**: 130 (75%) children eligible for free/reduced school lunch who participated in the XYZ program were reading at grade level.
The Logic Model

The evaluation design logically links the answers to three questions:

• What is the problem?
• What will we do to address the problem?
• What difference will it make?

The answers to these three questions link the input, output, and outcomes of the program. Table 2 uses the Common Results Language Framework to answer each of these questions.

**Table 2: Three Evaluation Questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Evaluation Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the problem?</td>
<td>Community Needs Indicator (Prioritized Need)</td>
</tr>
<tr>
<td>What will we do?</td>
<td>Input (resources)</td>
</tr>
<tr>
<td></td>
<td>Output</td>
</tr>
<tr>
<td></td>
<td>Quantity of Services Provided</td>
</tr>
<tr>
<td></td>
<td>Quality of Services provided</td>
</tr>
<tr>
<td>What difference will it make?</td>
<td>Outcomes (change in children, families, and program participants)</td>
</tr>
<tr>
<td></td>
<td>Short Term Outcomes (measured within the funding period)</td>
</tr>
<tr>
<td></td>
<td>Long Term Outcomes</td>
</tr>
</tbody>
</table>

One challenge in outcomes evaluation is to form a series of logical links from the program components (inputs, outputs, and quality) to the program outcomes. We may show that our program achieved great outcomes for children and families. However, unless we can link the specific program outputs to the outcomes, we may have difficulty replicating our successes with new staff or in a new location. We need to know specifically what resources (inputs) and what quantity of services (outputs) at what quality level are needed to attain the outcomes we desire. Therefore, outcomes evaluation seeks to open up the “black box” of the program, and to link specific inputs, outputs, and outcomes in a logical model. The relationship between input, output, quality, and outcomes can be seen in Figure 1:
An essential component of evaluation design is to outline the logical links leading from the identified need to the long-term outcomes. This outline is usually referred to as the Logic Model. Table 2 shows one logical model linking one state result, secure and nurturing child care environments, to the local indicator, prioritized local need, input, output, and outcomes.

Table 3: A Logic Model for Secure and Nurturing Child Care Environments

<table>
<thead>
<tr>
<th>Community Prioritized Need</th>
<th>Input</th>
<th>Outputs</th>
<th>Outcomes for children, parents, participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dollars</td>
<td>Services Delivered</td>
<td></td>
</tr>
<tr>
<td></td>
<td># Staff</td>
<td>Quantity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hours</td>
<td>Quality</td>
<td></td>
</tr>
</tbody>
</table>

Figure 1: Linking Needs to Input, Outputs, and Outcomes

Table 3: A Logic Model for Secure and Nurturing Child Care Environments

<table>
<thead>
<tr>
<th>State Result: Secure and Nurturing Child Care Environments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Indicator: 50% of parents report to CCRR that they cannot locate quality infant/toddler care</td>
</tr>
<tr>
<td>Local Need: Increase slots for infants and toddlers in high quality family child care homes and centers</td>
</tr>
<tr>
<td>Input: Dollars will be used for small grants for start-up equipment and materials for infant/toddler care in centers and family child care homes</td>
</tr>
<tr>
<td>Output (Quantity): Grants made to centers and family child care homes</td>
</tr>
<tr>
<td>Output (Quality): Care is high quality, as measured by scores on the space and furnishings subscales of the ITERS or FDCRS and by parent ratings of satisfaction with care in these programs</td>
</tr>
<tr>
<td>Short Term Outcome: More infants and toddlers are in high quality care settings</td>
</tr>
<tr>
<td>Long Term Outcome: Decreased percentage of children with special needs in primary grades</td>
</tr>
</tbody>
</table>
Exercise 2: Completing a Logic Model

Completing a logic model is not easy, but it is an essential component of a successful evaluation design. With your small group, identify one of the following state results that you believe relates to a local need.

A. Healthy Children (Birth to 4)
B. Children Ready to Succeed in School
C. Safe and Supportive Communities
D. Safe and Nurturing Families
E. Secure and Nurturing Child Care Environments

Complete a logic model for that need, identifying at least one input, one quantity output, one quality output, one short term outcome, and one long-term outcome. Be sure that the short-term outcome can be measured during the time that the program is funded. Your long-term outcome, which will typically not be able to be measured during the time the program is funded, should relate back to the state result at the top of your model. Look back at A list of possible family outcomes that may be appropriate for the state result, Safe and Nurturing Families, is contained in Appendix A.

Our Logic Model:

<table>
<thead>
<tr>
<th>State Result:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Local Indicator:</td>
<td></td>
</tr>
<tr>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Local Need:</td>
<td></td>
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<tr>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Input:</td>
<td></td>
</tr>
<tr>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Output (Quantity):</td>
<td></td>
</tr>
<tr>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Output (Quality):</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Short Term Outcome:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Long Term Outcome:</td>
<td></td>
</tr>
</tbody>
</table>
Laying out the logic model will help focus attention on key program inputs and outputs that must be present in order to achieve the planned outcomes. Regular collection of data related to these needed inputs and outputs will guide the fine-tuning of program efforts during the year. For example, some supervisors in home visiting programs have noted a tendency of home visitors, over the program year, to spend more time in the office and less time in home visits. Both the frequency and duration of home visits may drop below the level required to achieve desired program outcomes. Regular monitoring of the frequency and duration of home visits can help to ensure that the program services are provided at the intensity needed for successful outcomes.

At this point, it is important to set specific numerical targets for the input, the output, and the outcomes. The input statement should specify the dollars to be allocated, the number of full-time or part-time staff, and the hours of staff-time allocated to the program. The output (quantity) target should specify the number of clients (parents, children, or child care providers) to be served, the number of program days, home visits, or workshops to be completed, and both the duration and intensity of services provided. The output (quality) should set specific targets for the target assessments such as the level of performance on a quality measure (for example, average scores at or above 5 on the Early Childhood Environment Rating Scale), or degree of satisfaction by a given percentage of program participants. The outcomes should specify target levels for changes, both in percentages of clients, and in level of performance. Samples of each type of statement are included in the table.

When this table has been completed as part of the initial program and evaluation design, completing the evaluation report at the end of the funding period becomes a relatively easy task. Verb tenses are simply changed from future to past tense to reflect the change from events that were planned to events that occurred. Actual numbers, quantities, and percentages replace those that were projected. The challenging task remaining, however, is to explain any discrepancy between the projections and the actual accomplishments. For this reason, it is better to be conservative and realistic when setting target outputs and outcomes.

Table 3, Linking Five Types of Evaluation to State Results, illustrates the logic model applied to indicators for four of the five state results. In order to simplify the chart, only a single need is linked to a single output, quality measure, and outcome. Obviously it would be possible to identify multiple needs for each state result, multiple inputs for each need, multiple outputs (for example, both home visits and parent meetings) for each input, multiple indices of quality (for example, both participant satisfaction and observer ratings), and multiple outcomes (for example, measures of children’s language and motor skills).
Table 4: Linking Five Types of Evaluation to State Results

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Healthy Children (Birth to 4)</td>
<td>Immunizations % children immunized</td>
<td>Immunizations $2000 for home visits to newborns &amp; parents</td>
<td>40 home visits to families with newborns to arrange for immunizations at health clinics</td>
<td>90% of parents will report satisfied/very satisfied with services</td>
<td>90% (36) children immunized</td>
</tr>
<tr>
<td>B. Children Ready to Succeed in School</td>
<td>Motor, communication, cognitive, social-emotional, self-management skills</td>
<td>Motor, communication, cognitive, social-emotional, self-management skills $60,000 for 2 half-time PAT educators</td>
<td>40 families (50 children) each will receive 9 monthly visits; 12 group parent meetings for 40 families (ave. attendance: 10)</td>
<td>90% of parents will report satisfied/very satisfied with home visits 60% of parents will report group meetings helpful/very helpful</td>
<td>60% children will meet age expectations in motor, cognitive, communication, social/emotional skills at pretest 90% at posttest</td>
</tr>
</tbody>
</table>
Table 4: Linking Five Types of Evaluation to State Results (Cont’d)

**State Results**
A. Healthy Children (Birth to 4)  
B. Children Ready to Succeed in School  
C. Safe & Supportive Communities  
D. Safe & Nurturing Families  
E. Secure & Nurturing Child Care Environments

<table>
<thead>
<tr>
<th>(State Result)</th>
<th>1. Community Needs Indicator (%)</th>
<th>(Community Need/Priority)</th>
<th>2. Input ($, #)</th>
<th>3. Output (#)</th>
<th>4. Quality/Efficiency (%)</th>
<th>5. Outcomes: (&amp;) Short Term Long Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>% founded child abuse</td>
<td>Parenting knowledge &amp; skills</td>
<td>See above: $60,000 for 2 part-time PAT educators</td>
<td>See above: 40 families each received 9 monthly visits; 12 group parent meetings for 40 families (ave. attendance: 10)</td>
<td>90% parents reported satisfied/very satisfied with services</td>
<td>90% parents report increased knowledge of child development &amp; guidance</td>
</tr>
<tr>
<td>E</td>
<td>% licensed &amp; registered child care slots for infants &amp; toddlers</td>
<td>Availability of quality child care</td>
<td>$21,000 for minigrants for infant care providers</td>
<td>5 child care centers &amp; 15 child care homes purchased infant care equipment</td>
<td>90% of grant recipient providers scored at 5 or above on space/furnishings subscales of ITERS/FDCRS; providing care for 70 infant/toddlers</td>
<td>90% client parents (N = 70) report infants/toddlers in high or very quality care</td>
</tr>
</tbody>
</table>
Exercise 3: Linking Five Types of Evaluation to a State Results

Complete the table below linking one state result to one community needs indicator, one prioritized need, one input, one output, one quality output, and one short-term outcome.

**State Results**
A. Healthy Children (Birth to 4)  
B. Children Ready to Succeed in School  
C. Safe & Supportive Communities  
D. Safe & Nurturing Families  
E. Secure & Nurturing Child Care Environments

<table>
<thead>
<tr>
<th>(State Result)</th>
<th>1. Community Needs Indicator (%)</th>
<th>(Community Need/Priority)</th>
<th>2. Input ($, #)</th>
<th>3. Output (#)</th>
<th>4. Quality/Efficiency (%)</th>
<th>5. Outcomes: (&amp;) Short Term Long Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Healthy Children (Birth to 4)</td>
<td>%</td>
<td>How much will we put in? (Input measures): The financial &amp; non-financial resources invested, used, or spent for programs, activities, or services</td>
<td>$$</td>
<td>#</td>
<td>%, #</td>
<td></td>
</tr>
<tr>
<td>B. Children Ready to Succeed in School</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>C. Safe &amp; Supportive Communities</td>
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<td></td>
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<tr>
<td>D. Safe &amp; Nurturing Families</td>
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<tr>
<td>E. Secure &amp; Nurturing Child Care Environments</td>
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</tbody>
</table>
The Costs of Evaluation

Evaluations require money; what can be evaluated depends on the resources that are available. The cost of an evaluation can range from .5% to 20% of the total funds allocated for the program. Clearly what is evaluated, and how the evaluation is conducted, depends on the funds that are available.

Low Cost Evaluations

The lowest cost evaluations may utilize program funds, rather than funds allocated specifically for evaluation. The primary goals of low cost evaluations are to improve services and to document the services that have been provided. Program records are used to document the input and the output. Sign in sheets and time logs document the quantity of output. Quality measures are typically limited to participant satisfaction measures, workshop evaluations, and supervisor ratings. Outcome measures may be limited to participant self-report on knowledge and skills gained from the program in addition to outcome assessments conducted by program staff as part of the program design. These evaluation designs are not generally appropriate for funding decisions, because the pressure of obtaining funding, or the threat of losing funds, may affect the validity of the data reported.

Moderate Cost Evaluations

In addition to the evaluation components described above, a moderate cost evaluation would typically involve multiple measures of program quality and program outcomes. These measures might be administered by an outside individual, particularly one who does not have a financial interest in the future funding of the program. If individual assessments of children are required, they could be completed on a random number of the participants in order to reduce costs. Without a control group, assessments would need to involve measures with an appropriate standardization sample so that children’s progress or program quality could be compared to national or state normative scores. Statistical consultation is needed to determine the minimum number of assessments required to draw conclusions regarding the program’s effectiveness.

High Cost Evaluations

High cost evaluations almost always involve a control or comparison group. Participation in the treatment or control group is determined by random assignment. In addition to the measures completed as part of the low cost evaluation, individuals blind to group membership complete the outcomes assessments. For young children, these assessments typically would involve individual assessments taking no more than 30 minutes each.

Selection an Appropriate Measure

Selecting measures to use for assessing the quantity and quality of the output and the program outcomes will depend on several factors:

- who will be participating in the evaluation?
- how you plan to analyze and summarize the data,
- what resources you have for this task, and
- what kind of information will best serve your reporting needs.

Developing or selecting an appropriate measure that will do the best job of collecting your evaluation information is a major challenge. Your choice of instrument should already be partially determined by the method you have chosen and by your future plans for the data. Future considerations include:
It is most appropriate to collect both quantitative (numbers) and qualitative (words) to describe the program output and outcomes. For example: If you want to have quotes on how people changed as a result of attending the program then you want qualitative data. If you would like an average number of each characteristic you are evaluating then you want quantitative data. It is possible to collect both types. The important thing is to determine what best suits your evaluation purpose.

Your conclusions will be most convincing if you can obtain information from multiple sources, and multiple measures. For example, you may want to get information about the quality of the program both from clients (e.g., parents) as well as from impartial observers. Similarly, you may find it helpful to get information regarding program outcomes from multiple sources, such as parents and child care providers. Appendix C describes several different types of evaluation measures, as well as the advantages and disadvantages of each.

**Option 1: Design your own instrument**

Designing an instrument from scratch is a very complex undertaking. You must check its reliability (does it measure the same thing each time you use it and is not influenced by external forces?) and validity (does it measure what it is supposed to be measuring?) before you can have faith in the results. However, sometimes there are no measures available to assess the quality or the effectiveness of your program. If you decide to create your own instrument here are some suggestions:

1. Plan far in advance of when you want to use the instrument so you can test it for reliability and validity.
2. Search out instruments similar to the kind you want to create and use them as a guide in developing your own.
3. Consult resource people and literature to help check your instrument for reliability and validity.

An excellent resource for developing and distributing your own survey is Dillman, D. A. (2000). *Mail and internet surveys: The tailored design method*. New York: Wiley. Following are a few tips from Dillman on how to construct a survey:

1. Start with an easy-to-answer question about an issue likely to be important to the individual.
2. Put all demographic questions at the end of the questionnaire, *NOT* at the beginning.
3. Place instructions exactly where that information is needed and not at the beginning of the questionnaire.
4. Ask one question at a time.
5. Minimize the use of matrices.
6. Identify the beginning of each succeeding question in a consistent way.
7. Number questions consecutively and simply, from beginning to end.
8. Place more blank space between questions than between the subcomponents of questions.
9. Place special instructions inside of question numbers and not as free-standing entities.
10. List answer categories vertically instead of horizontally.
11. Place answer spaces consistently to either the left or right of category labels.
12. Avoid double or triple banking of answer choices.
13. Maintain spacing between answer choices that is consistent with measurement intent.
14. Maintain consistency throughout a questionnaire in the direction scales are displayed.
15. Use shorter lines to prevent words from being skipped.
Option 2: Using an already created instrument

If you can locate an instrument that meets your evaluation needs, you may be able to easily get permission to use it for your evaluation. Another advantage is that you may be able to compare your results to other programs that have used the same evaluation instrument. The critical challenge, however, is selecting a measure that is appropriate for your program and your population. Clearly, the content of the measure should match the content and goals of the program. One of the truisms in evaluation is that you will get only the results that you specifically work for. The measure must emphasize the same activities, skills, or knowledge that the program has emphasized. Appendix D lists some commonly used measures for program quality, child outcomes, and parent outcomes. Many of these measures are available at relatively low cost; however, many are also copyrighted, and should not be used without the permission of the authors, or test owners.

Once again, you still need to check the reliability and validity of the instrument for use with the people you are collecting information from. It is particularly important to ensure that the reading difficulty in the measures matches the reading skills of the participants.

Option 3: Adapt an instrument

Adapting someone else’s instrument is another way of designing instrumentation for your evaluation, and this could save you time. This strategy does not however, solve the reliability and validity issue. Even if the instrument you adapt was tested to be reliable and valid by someone else, your changes may have drastically altered the reliability or validity. Using the instrument with an audience from a different educational or cultural background will almost always affect the reliability and validity of the instrument. You may need to reword questions for clarity. Therefore, you need to test the new adapted instrument you have created.

Types of Questions

Whether you decide to design, adapt, or use an existing instrument, you will next want to consider the types of questions to ask. Different types of questions generate different kinds of information. The list below gives some of the most common types of questions you could use and some pro and cons associated with each type of question. (Note that this is not a complete list of every possible type of question.)

<table>
<thead>
<tr>
<th>Types of Questions</th>
<th>Considerations (Pro’s and Con’s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scaled questions</td>
<td>Can be quantified (added up)</td>
</tr>
<tr>
<td>Likert (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree)</td>
<td>Can indicate degree of response</td>
</tr>
<tr>
<td>Fixed Choice</td>
<td>Can be summarized easily</td>
</tr>
<tr>
<td>Ex: evaluator provides all answer options</td>
<td>Does not give chance for additional comments</td>
</tr>
<tr>
<td>Open Ended</td>
<td>Get responses in participants’ own words</td>
</tr>
<tr>
<td>Ex: blank line to fill in response</td>
<td>Requires more effort for participant to do</td>
</tr>
<tr>
<td></td>
<td>May be hard to summarize</td>
</tr>
<tr>
<td>Rank</td>
<td>Can give priorities, preferences</td>
</tr>
<tr>
<td>Ex: give list of items to rank</td>
<td>Becomes difficult if list is too long</td>
</tr>
<tr>
<td></td>
<td>Forces participant to make choices</td>
</tr>
<tr>
<td></td>
<td>Can be quantified</td>
</tr>
</tbody>
</table>
Sample Questions.

Another important consideration as you are writing or reviewing questions to be sure that the questions are logically related to the services provided. That is, you want to measure outputs of the program that you believe are necessary to achieve the outcomes you are striving for. For example, if prior experience or research tells you that families need monthly home visits, each lasting at least 90 minutes, then it will be important to measure the number and duration of home visits received by each family. Appendix B provides some commonly used output measures.

**Output Level:** Records of costs, staff time, other resources,

Q. As a volunteer, how many total hours have you spent working in the classroom this year? ________ hours

**Activities (Output):** Records of the types and number of activities conducted.

As a child care provider this year, in which of the following training activities did you participate? (Check all that apply).

- Local or state conferences
- Make-it-and-take-it activity workshops
- On-site consultation (in your home or classroom)
- ICN training
- CDA training
- Child Care That Works videotape and self-assessment training
- Other training (please specify: ________________________________)

**People Involvement (Output):** Records of the number of people who attended a program, number enrolled, number completed, etc.

Q. Of this series of CDA workshops, how many did you attend?

- 1
- 2
- 3
- 4
- 5

NOTE: It may be that with the above levels you will not ask participants for information but will use records you have kept or generated yourself or in cooperation with other program staff to measure these types of objectives.

**Program Quality, a Measure of Output**

One way to measure program quality is to use a standardized measure such as the HOME (Caldwell & Bradley, 1984) or the ECERS-Revised (Harms, Clifford, & Cryer, 1998). Another way to assess program quality is to get the reactions of participants to the program; satisfaction with the services provided, as in the following short questionnaire:
Table 6: Example of a Participant Satisfaction Output Measure

How would you rate each of the following services?

<table>
<thead>
<tr>
<th>Services on ways to:</th>
<th>This service was:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Helpful</td>
</tr>
<tr>
<td>1. be more patient with my child</td>
<td>1</td>
</tr>
<tr>
<td>2. better manage our daily routines</td>
<td>1</td>
</tr>
<tr>
<td>3. discipline my child</td>
<td>1</td>
</tr>
<tr>
<td>4. handle temper tantrums</td>
<td>1</td>
</tr>
<tr>
<td>5. improve health for my family</td>
<td>1</td>
</tr>
<tr>
<td>6. improve nutrition for my family</td>
<td>1</td>
</tr>
<tr>
<td>7. improve safety in my home</td>
<td>1</td>
</tr>
<tr>
<td>8. manage anger</td>
<td>1</td>
</tr>
<tr>
<td>9. play with my child</td>
<td>1</td>
</tr>
<tr>
<td>10. praise my child</td>
<td>1</td>
</tr>
</tbody>
</table>

Outcomes Measurements: Perceived Skills and Knowledge:

As you recall, outcomes measures are measuring the change in the program participants (not staff) as a benefit, or impact, of the program. There are several fairly complex ideas to think through when writing questions at this level. Contrast the output measure above, which measures satisfaction with services provided with the following outcome measure, which measures perceived changes as a result of the services provided:

Table 7: Example of a Participant Self-Rating Outcome Measure

Please tell us in what ways, if any, you have changed your practices as a result of the services you’ve received as part of the XYZ Parenting Program:

<table>
<thead>
<tr>
<th>As a result of participating in the XYZ Parenting Program, I…</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feel better as a parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Better understand my child’s feelings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Can help my child learn new skills and ideas.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Understand the importance of using medical services.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Can explain my child’s needs better.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Have more confidence as a parent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feel less isolated and lonely.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Gained good parenting skills.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Plan to participate in future XYZ activities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Will recommend XYZ to a friend.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Some tips about measuring skills:

First, note whether in your objective you want to measure an increase in skills or the current skill level. If your goal is to measure an increase in skills, you need a premeasure, which is usually administered at the beginning of the program. If you do not use a premeasure, the results of your evaluation may be criticized for lack of evidence that any change was actually attained; your participants might have been highly competent before your program began. On the other
hand, if the premeasure is too vague, “I provide nutritious meals for my family..”, the premeasure scores may actually be higher than the postmeasure. This downward change can reflect the additional awareness and knowledge students gain in the program. Making skills questions more specific can help prevent such a discouraging decline in scores.

Next, note whether in your objective you want to measure **perceived skills** or **actual skills**. Perceived skills can be rated by the individual, but measuring actual skills will require an observation assessment by one or more trained individuals. Such evidence of actual skills can be demonstrated when, as a result of the training involved in your program, the caregiver earns a competency-based credential, such as the Child Development Associate (CDA), that involves such an observational assessment by an impartial evaluator.

Another source of evidence for skill outcomes can come from an observational assessment completed by an impartial individual to reach interrater agreement on some measure. For example, when the program activity is to train child care providers in home or center settings, skill outcomes can be measured with tools such as the Early Childhood Environment Rating Scale (ECERS, Harms, Clifford, & Cryer, 1998), the Family Day Care Rating Scale (FDCRS, Harms & Clifford, 1989), the ITERS (Infant-Toddler Rating Scale, Harms, Cryer, & Clifford, 1990). For a program that focuses on parent education, the Home Observation for Measurement of the Environment (Caldwell & Bradley, 1981) may be an appropriate tool. All of these measures have been shown to relate to child outcomes in academic and social skills; however, all require extensive training in order to use them appropriately.

It is critical that the individual conducting such an observation evaluation has recently completed training and monitoring to ensure interrater reliability, that is, that her rating agrees with that of other individuals conducting similar assessments. This level of evaluation is expensive; however, if your program has devoted considerable dollars to training a small number of individuals, this level of evaluation may be essential to the continuation of your program.

**Some tips about measuring knowledge:**

First, note whether in your objective you want to measure an **actual increase** in knowledge or a **perceived increase** in knowledge. In order to truly demonstrate an increase in actual knowledge you must have done a premeasure of some sort (to show what their knowledge was before the program) and then a post program measure. A comparison of these two will demonstrate an increase (or decrease or same level) of actual knowledge. Note that such comparison requires some identifier that is included (e.g., the last two digits of the Social Security number) to permit matching the individual’s pretest and posttest responses.

Second, note the difference in the terms actual versus perceived knowledge. You can only claim your program increased actual knowledge if you test your participants to see if they possess the knowledge taught in your program. An example of this type of test is included in Appendix C. If, on the other hand, you ask them at the end of the program whether or not their knowledge has increased as a result of this program, you are getting an indication of perceived, but not actual, knowledge. This type of question will tell you what participants think they know about the information discussed in your program, but will not tell you what they actually know. An example of this type of questionnaire is also included in Appendix B.
Example of an actual knowledge question:
Q. (Circle your answer) Consistently using negative discipline strategies, such as punishment, time-out, and name calling, fosters children’s
   a) Consistent compliance with rules.
   b) Self control.
   c) Aggression.
   d) Dependence.

Example of a perceived knowledge question
Q. How much do you think you learned about disciplining your child as a result of participating in workshop? (Circle your answer.)
   A. A great deal
   B. A fair amount
   C. Some
   D. None
   E. Don’t Know

Skills and Knowledge Outcomes: Ways in which participants have applied changes in skills or knowledge to their personal and working lives, behavior or action changes. You might consider using some open-ended questions in order to assess what participants really recall (and use), rather than what they only recognize.

Q. Which, if any, of the guidance techniques discussed at the workshop are you now using with your children?
___________________________________________________________________________
___________________________________________________________________________

Results Outcomes: Ultimate value or worth to individuals’ lives or to society

Q. Overall, how has your family benefited (if any) from participation in the XYZ program?
___________________________________________________________________________
___________________________________________________________________________

Appendix B lists samples of locally developed outcome measures.

Confidentiality

All data collection efforts require procedures to protect the confidentiality of information collected from the participants. Data collectors may only discuss all information that could be linked back to the individuals involved. This includes information regarding the identities, situations, characteristics, and behaviors of participants with their supervisors or other authorized individuals. Data forms need to be given an identification number, and all identifiers need to be removed from data forms as soon as the identification number is attached. The code book linking names and identification numbers needs to be under lock-and-key, in a location separate from the data itself.

Participants need to give their informed consent to participate in the evaluation process. They need to be informed regarding the purpose of the evaluation (for example, to improve services, to obtain funding to serve more families) and how their information will be communicated (for example, only in group summaries). They need to be assured of their right to withdraw from the
evaluation at any time without endangering their future services. If participants are under 18 years of age, parent consent is needed. Appendix F includes an example of a pledge of confidentiality for data collectors.

**Creating an Action Plan for Your Evaluation Effort**

Now comes the time to plan who, what, and when you will collect your evaluation data. For each component of the evaluation plan, you need to answer the following questions:

- What is the source of evaluation information? (Examples: program director, staff, program participants)
- What measures will be used? (Examples: surveys, interviews, observations, questionnaires)
- Who will collect the information? (Examples: program administrators, staff, outside consultants)
- When will the information be collected? (Examples: ongoing, quarterly, annually)
- Who will summarize the information? (Examples: program administrators)
- What will be the annual cost of this evaluation?

Table 4 illustrates a Program Evaluation Plan for a child care training program. Because the Long-Term Outcome evaluation is beyond the time of the funding provided, the costs for this evaluation may not be included in the program and evaluation planning for the current period of funding. Exercise 4, which follows, provides an opportunity to outline an evaluation plan.
### Table 8: Program Evaluation Plan

| State Result: | Secure and Nurturing Child Care Environments |
| Community Indicator: | 50% parents cannot locate care for infants/toddlers (CCRR records) |
| Community Need: | More quality care for infants and toddlers |
| Program: | Child Care Training |

<table>
<thead>
<tr>
<th>What is the source of evaluation information?</th>
<th>Director</th>
<th>Trainers Participants</th>
<th>Program Director Participants</th>
<th>Parents Participants</th>
<th>CCRR Public School Special Ed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What measures will be used?</td>
<td>Program records</td>
<td>Trainer logs Participant sign-in sheets</td>
<td>Observations of trainings Participant satisfaction ratings</td>
<td>Quality of Child Care (Parent)* Family Day Care Rating Scale Infant-Toddler Environment Rating Scale</td>
<td>Records of child care requests Special ed placement records</td>
</tr>
<tr>
<td>Who will collect the information?</td>
<td>Director</td>
<td>Trainers</td>
<td>Program Director Trainers</td>
<td>Evaluation Consultant</td>
<td>Empowerment Board Evaluation Team</td>
</tr>
<tr>
<td>When will the information be collected?</td>
<td>Quarterly</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>May</td>
<td>2006</td>
</tr>
<tr>
<td>Who will summarize the information?</td>
<td>Program director</td>
<td>Program director</td>
<td>Program Director</td>
<td>Evaluation Consultant</td>
<td>Empowerment Board Evaluation Team</td>
</tr>
<tr>
<td>What will be the annual cost of this evaluation?</td>
<td>Low (&lt;$100)</td>
<td>Low (&lt; $100)</td>
<td>Low (&lt; $200)</td>
<td>Moderate ($100 per home/center)</td>
<td>Low (&lt;$200)</td>
</tr>
</tbody>
</table>
Exercise 4: Planning a Program Evaluation

State Result:
Community Indicator:
Community Need:
Program:

<table>
<thead>
<tr>
<th>What is the source of evaluation information?</th>
<th>Input ($, #)</th>
<th>Output (quantity)</th>
<th>Quality/Efficiency (%)</th>
<th>Short-Term Outcomes</th>
<th>Long-Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>What measures will be used?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who will collect the information?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When will the information be collected?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who will summarize the information?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What will be the annual cost of this evaluation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix A: Sample Family Outcomes

<table>
<thead>
<tr>
<th>Shelter</th>
<th>Food/Clothing</th>
<th>Transportation/ Mobility</th>
<th>Health/Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security of housing over time</td>
<td>Ability to afford adequate food and clothing</td>
<td>Access to transportation based on level of need</td>
<td>Environmental conditions</td>
</tr>
<tr>
<td>Safety of housing</td>
<td>Quality of diet</td>
<td>Safety, condition of transportation</td>
<td>Health habits</td>
</tr>
<tr>
<td>Stability of housing over time</td>
<td>Adequacy of clothing</td>
<td>Legal status of driver</td>
<td>Access to health resources</td>
</tr>
<tr>
<td>Condition of housing</td>
<td>Nutritional value of meals</td>
<td>Vehicle (license, insurance, etc.)</td>
<td>Status of physical health</td>
</tr>
<tr>
<td>Income and resources for housing</td>
<td>Conditions of food preparation resources (utensils, space, appliances, sanitation)</td>
<td></td>
<td>Ability to afford health care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social/Emotional Health</th>
<th>Adult Education/ Employment</th>
<th>Family Relations</th>
<th>Parenting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of social support system</td>
<td>Employed or not</td>
<td>Family health</td>
<td>Parent child interaction</td>
</tr>
<tr>
<td>Presence, degree of substance abuse</td>
<td>Presence or absence of career goals</td>
<td>Ability to resolve conflict</td>
<td>Positive guidance</td>
</tr>
<tr>
<td>Sense of personal responsibility</td>
<td>Appropriateness of goals</td>
<td>Intrafamily communication skills</td>
<td>Age-appropriate parental expectations</td>
</tr>
<tr>
<td>Quality of mental health</td>
<td>Level of education</td>
<td>Parenting skills</td>
<td>Parents value child’s education</td>
</tr>
<tr>
<td>Ability and willingness to identify needs and access resources</td>
<td>Job skills</td>
<td>Extended family relationships</td>
<td>Parental monitoring &amp; advocacy for children’s health, developmental, and educational needs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children’s Education/ Development</th>
<th>Finances</th>
<th>Community Relations</th>
<th>Immigration/ Resettlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-appropriate development—physical, motor, communication, cognitive, emotional, social</td>
<td>Income level in context of living</td>
<td>Knowledge of and access to community resources</td>
<td>Immigration status</td>
</tr>
<tr>
<td>School behavior</td>
<td>Long and short-term financial goals</td>
<td>Participation in the community (e.g., school, church, clubs)</td>
<td>Language skills based on needs</td>
</tr>
<tr>
<td>School attendance and readiness to learn</td>
<td>Budgeting skills and financial discipline</td>
<td>Social conditions in the neighborhood</td>
<td>Maintaining cultural identity</td>
</tr>
<tr>
<td></td>
<td>Knowledge and understanding of financial institutions and resources</td>
<td>Ability to communicate with others</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Endres, J. (2000). Family development matrix outcomes model for measuring family progress. *National Resource Center For Family Centered Practice Prevention Report, 1*, 3 - 7
Appendix B: Sample Output Measures:

Sample Questions for Gathering Demographic Information from Program Participants

INSTRUCTIONS: CHECK THE APPROPRIATE ANSWER.

1. What is your gender?
   _____ MALE
   _____ FEMALE

2. What is your marital status?
   _____ MARRIED
   _____ DIVORCED
   _____ SEPARATED
   _____ WIDOWED
   _____ NEVER MARRIED

3. In which age category are you?
   _____ less than 20
   _____ 20 - 29
   _____ 30 - 39
   _____ 40 - 49
   _____ 50 - 59
   _____ 60 & OVER

4. What is your highest level of education?
   _____ ELEMENTARY SCHOOL
   _____ SOME HIGH SCHOOL
   _____ HIGH SCHOOL DIPLOMA OR EQUIVALENT
   _____ SOME COLLEGE
   _____ TECHNICAL OR TRADE SCHOOL CERTIFICATION
   _____ 2-YEAR COLLEGE DEGREE
   _____ 4-YEAR COLLEGE DEGREE
   _____ SOME GRADUATE WORK
   _____ GRADUATE DEGREE

5. Which of the following describes your employment status?
   _____ HOURLY WAGE WORKER
   _____ SALARIED
   _____ WORK ON COMMISSION OR TIPS
   _____ SELF-EMPLOYED
   _____ UNEMPLOYED
   _____ RETIRED
6. How many people live in your household? (Check both adults and children. Be sure to count yourself.)

ADULTS:
_____ 1
_____ 2
_____ 3
_____ 4
_____ 5
_____ 6 OR MORE

CHILDREN:
_____ 1
_____ 2
_____ 3
_____ 4
_____ 5
_____ 6 OR MORE

7. Where do you live?
_____ LARGE CITY (OVER 100,000)
_____ CITY (50,000-100,000)
_____ SMALL CITY (10,000-49,999)
_____ TOWN (2,500-9,999)
_____ SMALL TOWN (UNDER 2,500)
_____ RURAL, BUT NOT A FARM
_____ ON A FARM

8. What is your race/ethnic background?
_____ AMERICAN INDIAN/ALASKAN NATIVE
_____ ASIAN OR PACIFIC ISLANDER
_____ BLACK
_____ HISPANIC
_____ WHITE, NOT OF HISPANIC ORIGIN
_____ OTHER, PLEASE SPECIFY ___________________________

9. What is your total gross income (before taxes)?
_____ LESS THAN $9,999
_____ $10,000-$19,999
_____ $20,000-$29,999
_____ $30,000-$39,999
_____ $40,000-$49,999
_____ MORE THAN $50,000

Adapted from Extension Service. The Answers to Program Evaluation: A Workbook. Columbus, Ohio: The Ohio State University.
Generic Evaluation for Knowledge Based Programs

Sample Evaluation of Family and Parenting Education Program

Session Title: _______  Date: ___  Last two digits of parent social security number: _______

Presenter: ______________________________________

Objectives addressed:

➢ Understanding child development
➢ Motivating and guiding children
➢ Nurturing children
➢ Advocating for children

Thank you for taking time to complete this brief evaluation. Rate the training session as follows:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The objectives of this session were clear to me.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>2. The learning session covered all the learning objectives outlined.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>3. The new ideas presented will be helpful to me at home.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>4. The content was well organized.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>5. The information presented was current.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>6. The visuals and handouts were appropriate and helpful.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>7. The training provided me with new knowledge.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>8. The training provided me with new skills.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Sufficient time was available to cover the subject matter.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

I would like future educational sessions from this presenter: _____yes  ____no
I would like to see a follow-up from this session:  _____yes  ____no
I am interested in training on these topics:

Comments/Suggestions:
Appendix C: Sample Outcome Measures

Sample Pre-Post Knowledge Test

Child Development and Parenting

Please circle whether each of the following statements is TRUE or FALSE:

1. Most babies are ready for toilet training by their first birthday.
   - True
   - False

2. Children learn good behavior by being spanked.
   - True
   - False

3. A two-year-old says “no” just to upset you.
   - True
   - False

4. Holding a crying baby can spoil it.
   - True
   - False

5. Praising a young child can make it selfish.
   - True
   - False

6. You should not hold a baby when feeding it.
   - True
   - False

7. You can teach children not to hit by spanking them.
   - True
   - False

8. Most babies are ready for solid food at two months.
   - True
   - False

9. Babies do some things, like soiling diapers, to trouble parents.
   - True
   - False

Please provide the following:

Number of months in home visiting program:_______

Last two digits of your Social Security number:____

Check the ages of the children in your home:
- Below one year of age:
- From 1 through 2 years of age:
- From 3 through 4 years of age:
- From 5 through 12 years of age:
- From 13 through 17 years of age:
- Above 18 years of age:
Sample Perception of Knowledge Change Questionnaire

*Parenting Workshop Evaluation*

**Name of Facilitator:** ______________  **County:** _______________  **Date:** _______

Your responses to the statements below will remain confidential. Your responses will be combined with others to help us understand if the program has been helpful to parents.

In the first column, circle the number that describes how you felt about your parenting skills *before* the program. In the second column circle the number that describes how you felt about your parenting skills *after* the program. Thank you!

<table>
<thead>
<tr>
<th></th>
<th>Before program</th>
<th></th>
<th>After program</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
<td>Needs</td>
<td>Okay</td>
<td>Good</td>
</tr>
<tr>
<td>My understanding of how children grow and develop.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My understanding of activities to help my child grow and develop at different ages.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My understanding of positive ways to discipline my children.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My ability to use rules with my children and stick to them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My ability to deal with my children fighting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My understanding of what makes a strong family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My ability to share my feelings and needs with my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My ability to listen to my family’s feelings and needs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Adapted from Iowa State University Extension Service.
Knowledge of Infant Development Inventory (KIDI): Adapted (MacPhee, 1981)

Please answer each of the following questions base on your knowledge of babies in general. Do not answer about your child and how he/she acts. Think about what you know about babies you have had contact with or anything you have heard or read.

For each statement, please indicate for most babies, you strongly agree, mildly agree, mildly disagree, or strongly disagree with each statement. Circle your response.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Mildly Disagree</th>
<th>Not Sure</th>
<th>Mildly Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Babies with colic can cry for 20 or 30 minutes at a time, no matter how much you try to comfort them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. All infants need the same amount of sleep.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Taking care of a baby can leave the parent feelings tired, frustrated or overwhelmed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. A one-year old knows right from wrong.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Some normal babies do not enjoy being cuddled.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. The more you comfort crying babies by holding them and talking to them, the more you spoil them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. A frequent cause of accidents for one-year-olds is pulling something like a frying pan, a table cloth, or a lamp down on top of them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. A good way to train children not to hit is to show them how much it hurts by hitting them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. A baby of 6 months will respond to someone differently depending on whether the person is happy, sad, or upset.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Most infants are ready to be toilet trained by one year of age.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Five-month-olds understand what “no” means.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. One-year-olds often cooperate and share when they play together.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. A baby is about 7 months old before he or she can reach for and grab things.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. A baby usually says its first real word by six months of age.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Available for $15.00 From ETS Test Collection  Email library@ets.org or Phone 1-609-734-5689
### Program Outcome: Measuring the Quality of Child Care from the Parent’s Point of View (Emlen, 2000)

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
<th>?</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>My child feels safe and secure in care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>The caregiver is warm and affectionate toward my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>It’s a healthy place for my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>My child is treated with respect.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>My child is safe with this caregiver.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>My child gets a lot of individual attention.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>7</td>
<td>My caregiver and I share information.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>My caregiver is open to new information and learning.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>My caregiver shows she (he) knows a lot about children and their needs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>10</td>
<td>My caregiver handles discipline matters easily without being harsh.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>11</td>
<td>My child likes the caregiver.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>12</td>
<td>My caregiver is supportive of me as a parent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>13</td>
<td>There are a lot of creative activities going on.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>14</td>
<td>It’s an interesting place for my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>15</td>
<td>My caregiver is happy to see my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

http://www.lbcc.cc.or.us/familyresources/researchpartner/
### Appendix D: Data Collection Methods, Procedures, and Measures

<table>
<thead>
<tr>
<th>Methods</th>
<th>What it measures</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXISTING INFORMATION</td>
<td>Insight into programs that cannot be observed in any other way: input and output</td>
<td>Readily available</td>
<td>User may need to sort, discriminate and correlate</td>
<td>Attendance records are reviewed to determine people involvement (output)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minimal cost</td>
<td>Takes time</td>
<td>Personnel records are reviewed to determine training outcomes reached</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Data available on a wide variety of characteristics</td>
<td>Figures may represent estimates rather than actual accounts</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can be accessed on a continuing basis</td>
<td>Does not reveal individual values, beliefs, or reasons underlying current trends</td>
<td></td>
</tr>
<tr>
<td>CASE STUDIES</td>
<td>Experiences and characteristics of selected persons in a program</td>
<td>Procedures evolve as work progresses, no confining categories or classifications</td>
<td>Requires absolute accuracy</td>
<td>A few participants from each program are visited about their experiences.</td>
</tr>
<tr>
<td>(generally utilized with a small number of participants)</td>
<td></td>
<td>Allows depth of insight into relationships and personal feelings</td>
<td>Can be very subjective</td>
<td>Their colleagues are interviewed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can be effectively used in combination with other methods, such as survey and observation</td>
<td>Time consuming; requires extensive amounts of data</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unique opportunity to study organization, group, etc, in-depth</td>
<td>Focus is on a limited number of cases; cannot necessarily be generalized to larger community</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can be tailor made to specific situations</td>
<td>Not suitable as a method in isolation; best for a background or as a guide to further study</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Several cases are needed for best analysis</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Methods</th>
<th>What it measures</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Example</th>
</tr>
</thead>
</table>
| SURVEYS (includes: mail, telephone, and group administered) | Opinions, attitudes, beliefs, behaviors, reactions, and attributes in response to specific questions | Can be inexpensive  
A sample can be used to provide much information about a population  
Can allow many to be involved in the decision making process  
Can be used to record behaviors as well as opinions, attitudes, beliefs, and attributes  
Usefulness enhanced if combined with methods, such as observation or case study | Samples must be carefully selected to ensure statistical meaning  
Subject to misinterpretation, depending on how questions are designed and asked  
Tendency for scope of data to be limited—omission of underlying behavioral patterns  
Time consuming compared with less formal methods | Home visitors report how frequently they use certain materials  
Workshop participants indicate their likes and dislikes about the program offered |
| Mail surveys     | Opinions, attitudes, beliefs, behaviors, reactions, and attributes in response to specific questions | Efficient for volume of information collected  
People more likely to provide frank, thoughtful, honest information, tension-free situation  
Gives people more time to complete the questionnaire.  
All respondents receive exact same questions in printed form—free from bias | Low response rate  
One or two follow-ups are usually needed for a good return  
Questionnaire must be simple and easy to understand  
Difficult to summarize open-ended questions  
Accurate mailing lists are required  
Overuse of this technique may make some people reluctant to respond  
Privacy, confidentiality, and anonymity must be assured  
Can be expensive  
Scope is limited  
Results may be misleading if only respondents who are interested in topic respond | Caregivers asked their opinion of training  
Parents asked to determine level of satisfaction with home visits |
<table>
<thead>
<tr>
<th>Methods</th>
<th>What it measures</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Example</th>
</tr>
</thead>
</table>
| Telephone Surveys        | Opinions, attitudes, beliefs, behaviors, reactions, and attributes in response to specific questions | Response rate is generally high  
Cost is competitive with mail survey  
Speed and efficient source of data  
Researcher can provide clarification on unclear questions  
Respondents are more relaxed with a stranger by telephone than face to face  
Interviewer can read questions from script and take notes without concern of distracting respondents  
Respondents cannot read the interviewer's body language | Time consuming  
Telephone numbers are needed  
Proportion of unlisted numbers or households without phones may lead to unrepresentative distribution of responses  
Questions must be simple and easy to understand, with no more than five response categories  
Interviewer's voice or identity may lead to some biasing  
Respondents may feel interview is an invasions of privacy  
Interviewer has little opportunity to “loosen up” the respondent  
Interviewer cannot read respondent's body language  
Scope of survey is limited to 20 minutes  
Interviewer training may be necessary | Workshop participants to determine reaction to training  
Staff called to assess their opinion of pre-service training process |
| Group administered survey| Opinions, attitudes, beliefs, behaviors, reactions, and attributes in response to specific questions | Can collect a lot of data inexpensively by having everyone at a meeting or program complete the survey form  
Easy to clarify items that present difficulty  
Provides greatest sense of respondent anonymity | May require the cooperation of others (e.g., school administrators)  
Reach only those who are present  
Group dynamics may affect individual responses  
Opportunity for researcher influence |

End of meeting program questionnaire
<table>
<thead>
<tr>
<th>Methods</th>
<th>What it measures</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERVIEWS</td>
<td>Person’s responses and views</td>
<td>Good method for collecting baseline and attitudinal data&lt;br&gt;High response rate&lt;br&gt;Can be used for quantitative and qualitative methods</td>
<td>May be most expensive method&lt;br&gt;Slowest method of data collection and analysis&lt;br&gt;Responses may be less honest and thoughtful&lt;br&gt;Interview’s presence and characteristics may bias results</td>
<td>Agency director interviews program participants about program and staff</td>
</tr>
<tr>
<td>Personal</td>
<td></td>
<td>Easier to reach those who are considered unreachable (low income, homeless, high status, mobile, etc.)&lt;br&gt;May be easier to reach specific individuals (e.g., community leaders, etc.)&lt;br&gt;High response rate&lt;br&gt;More personalized approach&lt;br&gt;Easier to ask open-ended questions, use probes and pick up on nonverbal cues&lt;br&gt;Qualitative or quantitative</td>
<td>Respondents who prefer anonymity may be inhibited by personal approach&lt;br&gt;May reach only a smaller sample</td>
<td></td>
</tr>
<tr>
<td>Group interviews</td>
<td>Person’s responses and views</td>
<td>Less expensive and faster than personal interviews&lt;br&gt;Personalized approach&lt;br&gt;Group members stimulate each other</td>
<td>Respondents who prefer anonymity may be inhibited by personal approach&lt;br&gt;Input may be unbalanced because some group members dominate&lt;br&gt;Group members and interviewer can bias responses&lt;br&gt;Data more difficult to analyze and summarize</td>
<td>Focus group</td>
</tr>
<tr>
<td>Methods</td>
<td>What it measures</td>
<td>Advantages</td>
<td>Disadvantages</td>
<td>Example</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>OBSERVATION</td>
<td>Particular physical and verbal behaviors</td>
<td>Setting is natural, flexible, and unstructured</td>
<td>The evaluator has less control over the situation in a natural environment</td>
<td>Observe classroom or family child care home using standardized measure, such as the ECERS, ITERS, or FDCRS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluator may make his/her identity known or remain anonymous</td>
<td>Hawthorne effect: if group is aware that they are being observed, resulting behavior may be affected</td>
<td>Observe home using standardized measure such as the HOME.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluator may actively participate or observe passively</td>
<td>Observations cannot be generalized to entire population unless a plan for representativeness is developed</td>
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<tr>
<td></td>
<td></td>
<td>Can be combined with other data collection methods</td>
<td>If observer chooses to be involved in the activity, he/she may lose objectivity</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Most useful for studying a “small unit” such as a classroom, a home visit, a workshop, etc.</td>
<td>Not realistic for use with large groups</td>
<td></td>
</tr>
<tr>
<td>MASS MEDIA/</td>
<td>Opinions, ideas</td>
<td>All citizens have an opportunity to respond</td>
<td>The “extremes” of a population tend to respond—those definitely “for” or “against”</td>
<td>Use of public television to address issue of school readiness</td>
</tr>
<tr>
<td>PUBLIC HEARINGS</td>
<td></td>
<td>Tele-conferencing, call in, and town meeting methods are quick methods of obtaining input</td>
<td>Use of public television and tele-conferencing is limited to those who have access to public television and a phone</td>
<td>Public hearing or community meeting concerning affordable, accessible, quality child care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Public hearings are time consuming, especially for the interviewers</td>
<td>Summary and analysis of “data” can be difficult</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Response to public hearing is affected by location, distance, date, and transportation available</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix E: Existing Measures

General Criteria:
- **Reliability**: The consistency (whether item scores are related to total scores) and stability (whether scores on tests and retests, several weeks later, are correlated) of the measure
- **Validity**: The accuracy of the measure for a specific purpose, such as correlating with other accepted measures or predicting future success or failure in given programs

**Measures of Program Quality**

**Early Childhood Environment Rating Scale (Revised Edition)**
**Infant/Toddler Environment Rating Scale**
**Family Day Care Rating Scale**
- Evaluates early childhood program quality and identifies staff training needs
- 7 subscales: space and furnishings, personal care routines, language-reasoning, activities, interaction, program structure, and parents and staff (total 43 items)
- Training materials and videotapes are available
- Each item scored on a scale from 1 (inadequate) to 7 (excellent); (5 = “high quality”)
- Requires observation (3 ½ - 4 hours) and interviews with staff
- Reliability: acceptable levels of internal consistency and agreement between raters
- Validity: scores predict children’s cognitive, language, social development.
Teachers College Press (1-800-757-6566) $10.95 each

**High/Scope Program Quality Assessment (PQA)**
- Evaluates early childhood program quality and identifies staff training needs
- Includes 6 subscales: learning environment, daily routine, adult-child interaction, curriculum planning and assessment, parent involvement, and family services
- Reliability: acceptable levels of internal consistency and agreement between raters
- Validity: scores correlate with other early childhood program measures; scores related to measures of language, mathematics, social development, and teacher ratings.

**Screening Tests**
- Brief, easy, economical measures that scan all areas of development
- Designed for early detection of children who are at risk for health problems, developmental problems, or handicapping conditions
- Designed to identify children for in-depth individual assessments
- Vary in sensitivity (accurately identifying children with problems) and specificity (accurately identifying children without problems)
Ages & Stages Questionnaires (ASQ)
- Evaluates development in the areas of communication, gross motor, fine motor, problem solving, and personal-social
- Requires about 10-15 minutes per child to complete
- Reliability: Scores show a high degree of internal consistency that varies by age and developmental level, stability (for 2 weeks), and agreement between raters
- Scores are highly related to scores on the Bayley Scales of Infant Development, Gesell, Stanford-Binet Intelligence Scale, and McCarthy Scales of Children’s Abilities.
- Validity: Highly accurate in correctly identifying children with and without difficulties

Brigance Preschool Screen and Early Preschool Screen
- Identifies children with learning/language problems or with giftedness
- For 2 through 4 years of age
- Includes 10 developmental areas (general knowledge and comprehension, speech and language, pre-ambulatory motor, gross motor, fine motor, social emotional development, self-help, math, readiness, basic reading skills)
- Requires about 10-15 minutes per child to complete
- Scores are related to diagnostic measures of development, academics, intelligence (e.g., Diagnostic Achievement Battery, the Kaufman Test of Educational Achievement, and the Wide Range Achievement Test), and with teacher/examiner ratings
- Forms for teachers and examiners
- Reliability: Scores show a high degree of internal consistency, stability (for 3 months), and agreement between raters
- Validity: Highly accurate in correctly identifying children with and without difficulties

Denver II
- For birth through 6 years of age
- Includes 125 items in 4 domains: personal-social, fine and gross motor-adaptive, language
- Four possible scores recorded for items: pass, fail, no opportunity, and refusal. Based on the position of failed or refused items relative to the age, the overall outcome is normal, abnormal, questionable, or untestable. Abnormal outcomes show need for further evaluation
- Standardized test; norm-referenced (produces age-equivalent scores)
- Forms for teachers and educational coordinators
- Reliability: stable scores; high degree of agreement among raters; however, reliability has been questioned because tests were done on a very small sample
- Validity: Highly sensitive (identifies children with problems); low in specificity (unfortunately, fails to correctly classify children without problems), which is why it is not currently recommended, especially for preschoolers, although it remains in wide use
**Early Screening Inventory**
- For 3 to 6 year olds: ESI-P (Preschool: ages 3 – 4 ½); ESI-K (Kindergarten: ages 4 ½ - 6)
- Easy to administer by teachers, specialists, and trained volunteers
- Administration requires 15-20 minutes per child
- Training materials and videotapes are available
- Covers 3 developmental areas (visual motor/adaptive, language and cognition, gross motor)
- Standardized and validated on a large sample (6,000)
- Forms for teachers, child care workers, and educational coordinators
- Reliability: Scores show a high degree of internal consistency, stability (for 3 months), and agreement between raters
- Validity: Highly accurate in correctly distinguishing children with and without difficulties
Rebus Inc. (1-800-435-3085) [http://www.rebusinc.com](http://www.rebusinc.com) $96.00

**First STEP: Screening Test for Evaluating Preschoolers**
- For 2 years, 9 months through 6 years, 2 months
- Includes 12 subtests in game format: cognition, communication, motor domains; A Social-Emotional Scale and an Adaptive Behavior Checklist; The Parent/Teacher Scale (optional)
- Scores indicate whether the child’s performances are in the normal or delayed range.
- Requires 15 minutes per child
- Forms for teachers and examiners
- Reliability: acceptable internal consistency. Scores are stable and high degree of agreement among raters
- Validity: Scores were related to the other instruments; no evidence that scores predict future performance
- Psychological Corp.: [http://www.psychcorp.com/catalogs](http://www.psychcorp.com/catalogs) $187.50

**Social Skills Rating System**
- Multirater assessment of student social behaviors that can affect teacher-student relations, peer acceptance, and academic performance.
- Social Skills include Assertion, Responsibility, Self-Control subscales; Behavior Problems include Internalizing, Externalizing, and Hyperactivity subscales; one Academic Competence Scale (not for preschool children)
- For preschool (3 to 5 years), elementary, and secondary students.
- Intended for screening
- Requires 25 minutes per child for administration
- Forms for teachers and parents; only modest correlations between parent and teacher ratings
- Reliability: high levels of internal consistency and stability (over four weeks)
- Validity: Scores related to other measures of social development; scores correctly differentiated children with and without handicaps
American Guidance Service, Circle Pines, MN: [http://www.agsnet.com](http://www.agsnet.com) $139.95
Assessments of Child Outcomes

Assessment, Evaluation, and Programming System (AEPS) Measurement
- For birth to 6 years: AEPS Measurement for Birth to Three ($43.95) ; AEPS Measurement for Three to Six ($57.00)
- A very detailed (and lengthy) curriculum based assessment that links assessments, evaluations, and curriculum planning (curriculum planning guides also available)
- Measures functional skills and abilities seen as essential for independent functioning in 6 areas: fine motor, gross motor, adaptive, cognitive, social-communication, and social development
- Forms for classroom teachers and parents
- Reliability: internally consistent across items within an area; stable scores over time
- Validity: scores differentiated between between children with and without disabilities and between four and five year olds (but not between three and four year olds)
Paul H. Brookes Publishing Co (1-800-638-3775) http://www.brookespublishing.com/

Concepts About Print
- For five to seven years of age
- Assesses significant concepts about printed language (e.g., the front of the book, that print tells the story, the difference between a word and a letter, uses of punctuation), which is one aspect of reading acquisition
- Used with children’s books: Sand, Stones, No Shoes, or Follow Me, Moon ($7.00 each)
- 24 questions; requires 10 minutes per child
- Reliability: internally consistent across items, substantial degree of test-retest stability
- Validity: correlates with measures of word reading
http://www.heinemann.com/  $10.00

The High/Scope Child Observation Record for Ages 2 ½-6 (COR)
- For ages 2 ½ - 6 years
- Assesses 6 areas of development: Initiative, social relations, creative representation, music and movement, language and literacy, logic and mathematics
- Easy for teachers and other caregivers to administer throughout the program year by observing children in daily activities (if curriculum emphasizes same areas as measure)
- Reliability: internally consistent across items, substantial degree of agreement among raters
- Validity: scores related to measures of children’s development and future measures of school success
High/Scope Press (1-800-40-PRESS) $90.95  http://www.highscope.org/
Parent Outcome Measures

Home Observation for Measurement of the Environment

- Measures the nurturance and stimulation provided to the child in the home environment
- Requires a 45- to 90-minute home visit in which both the parent and the child are present.
- Reliability: High internal consistency and interrater agreement
- Validity: Scores correlate with and predict child academic and social outcomes

Lorraine Coulson at 501-565-7627 / lrcoulson@ualr.edu. The Administration and Scoring Manual costs $15.00. 50 scoring forms for the Infant-Toddler HOME: $7.50 plus shipping. Scoring sheets for the Early Childhood HOME and the Middle Childhood HOME can be purchased for $.35 (35 cents) per form, with a minimum purchase of 50 forms required (shipping extra). (http://www.ualr.edu/~crtldept/home4.htm#DOHI)

The National Network for Family Resiliency (http://www.nnfr.org/eval/) provides information regarding the source and ordering information for numerous unpublished parenting measures. A note of caution: most of these measures have been used with a only few samples, and have limited reliability and validity. However, they may be most appropriate for your program goals. A few of the measures available are listed below.

Attitudes to Having Children (1980)
Child Behavior Checklist (1983)
Emotional Impact of Parental Attitudes (1980)
Environmental Assessment Index (1987)
Family Benefits Inventory (1986)
Ideas about Parenting (1985)
Infant Caregiving Inventory (1983)
Kansas Parental Satisfaction Scale (1985)
Knowledge of Infant Development Inventory (1981)
Marjoribanks Family Learning Environment Scale (1987)
Maternal Expectations, Attitudes, Beliefs Inventory (1984)
Maternal Social Support Index (1981)
Parent Awareness Skills Survey (1990)
Parent Perception Inventory (1983)
Parent-Child Relationship Survey (1988)
Parental Attitudes Toward Childrearing (1981)
Parenting Stress Index (1983)
Perceptions of Parental Role Scales (1985)
Perinatal Anxieties and Attitudes Scale (1980)
Rules in the Home Checklist (1983)

Source: National Network for Family Resiliency
Appendix F. Sample Pledge of Confidentiality for Data Collectors

I understand that:

- I may be collecting information of a personal and sensitive nature.
- Individuals participating in this study have been assured that their names and identities will not be disclosed and that all information will be kept confidential.
- The responsibility of fulfilling this assurance of confidentiality begins with me.

In recognition of this responsibility, I hereby give my personal pledge to:

1. Keep confidential the names and identities of all respondents, all information and opinions collected during the data collection process, and any information learned incidentally while collecting the data.

2. Refrain from discussing or disclosing, except privately with my data collection supervisor, information that might in any way identify or be linked to a particular individual.

3. Terminate data collection immediately if I encounter a respondent or begin reviewing a record for an individual whom I know personally, and contact my supervisor for further instructions.

4. Take precautions to prevent access by others to data in my possession.

5. Take all other actions within my power to safeguard the privacy of respondents and protect the confidentiality of information I collect.

6. Devote my best efforts to ensure that there is compliance with the required procedures by persons whom I supervise.

Signed:____________________________________

Date:_____________________________________

Evaluation Form: Conducting Outcomes Evaluation  
Presenters: Susan Hegland & Lesia Oesterreich

Objectives addressed:
- Identify purposes of evaluation
- Differentiate between evaluation input, output, quality, and outcomes
- Identify output and outcome measures logically linked to program indicators
- Plan appropriate output and outcome measures

Thank you for taking time to complete this brief evaluation.
Rate the training session as follows:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The objectives of this session were clear to me.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>2. The learning session covered all the learning objectives outlined.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>3. The new ideas presented will be helpful to me at home.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>4. The content was well organized.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>5. The information presented was current.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>6. The visuals and handouts were appropriate and helpful.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>7. The training provided me with new knowledge.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>8. The training provided me with new skills.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Sufficient time was available to cover the subject matter.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

I would like future educational sessions from this presenter: _____yes  ____no  
I would like to see a follow-up from this session: _____yes  ____no

I am interested in training on these topics:

Please tell us a little about yourself:
Position ____________________________________________
Years of experience in a human services agency:__________
Highest level of education completed: __________________

Please write any comments or suggestions on the back.