



Evaluation Summary Report

Instruction: Please answer all relevant questions by typing answers below each question.

- This report must be no less than 6 pages and no more than 12 pages, and ALL questions in sections 2, 3, 4 and 5 must be answered.

Part 1: Identifying Information

Name of Organization:	
Title of Program:	
Person Submitting Form:	
Email:	Phone:
This report is (check one): <input type="checkbox"/> Annual Report (12 months) <input type="checkbox"/> Final Program Report (Entire Contract Period)	Reporting period that this report covers: (start date) to (end date)

Part 2: Program Summary

1. Please describe the primary target population that your First 5 funded program serves (e.g. age, gender, ethnicity, language spoken, culture, geographic location, special needs status, and type of client--children, parents, providers, or organizations). Be sure to describe any major changes in your target population during the current reporting period (or over the entire contract period if this is a final report).
 (Note: Hitting the <Enter> key while typing in boxes with bullets in front of them will create a new bullet.)
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2. Please describe the primary activities that your program carried out during the current reporting period. Please include numbers of people served when appropriate (e.g., 2 reading workshops attended by a total of 120 parents).
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3. Please describe the primary outcomes and/or other benefits that your program's services produced during the current reporting period. Please use data that you have collected, when available, to describe the improved outcomes/benefits.
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Part 3: Client Vignette (Story)

4. If your program served clients directly this is your opportunity to tell story. Please provide a vignette or story that demonstrates the services your program provides to clients and any outcomes that those services may have produced using the guidelines below.
 - A. Describe your client. DO NOT USE REAL NAMES. This may include ethnicity/race, gender, age, etc. The client could be a mother, a father, a child, a family, a service provider, an organization, or another service group.
 - B. Describe the nature and type of needs the client had.
 - C. Describe the types of services, including direct services, referrals, service coordination, advocacy, etc., that you provided to address client needs.
 - D. Describe how involvement in your program helped the client. If you can, please provide quotes from the client about their experiences with your services.

Part 4: Access to Services

IF YOUR PROGRAM took steps to meet the language access needs of non-English speaking clients, indicate how: (check all that apply)

- Program employs bilingual staff TO PROVIDE SERVICES IN CLIENTS' PRIMARY LANGUAGE.

How many bilingual staff?

What languages?

What was the approximate PERCENTAGE of clients served by bilingual staff? %

- Program used interpreters TO INTERPRET THE SERVICES PROVIDED INTO THE PRIMARY LANGUAGE OF CLIENTS.

Please note: F5M defines interpreters as *THIRD-PARTY INDIVIDUALS WHOSE PRIMARY JOB DUTIES ARE TO (VERBALLY) INTERPRET BETWEEN THE PRIMARY LANGUAGE OF A CLIENT AND A STAFF PERSON OFFERING SERVICES THAT SPEAKS A DIFFERENT LANGUAGE.*

How many interpreters? Were they in-house? Contracted?

What languages?

What was the approximate PERCENTAGE of clients served by interpreters? %

- Program offers translated (written) materials?

What languages?

- Other language access services (please specify):

Part 5: Program Outcomes

5. Does your Program have any evaluation data or findings, different from those that you turned in to First 5 Merced, from the current reporting period that you wish to report? If so, please provide a brief summary below.
6. Were there any major challenges to your Program's success during the current reporting period? If so, please tell us about them, and any strategies that you used to overcome them.
7. Were there any things that helped your Program, during the current reporting period? If so, please tell us about them, and how they helped your Program.
8. Has your program undertaken new integration efforts with other agencies/services in the county in order to maximize service access for families during the current reporting period? If so, please tell us which agencies you have begun working with and how you're working with them. (This could include efforts to cross refer, coordinate services for clients across agencies, and co-locate services for convenience).
9. If you deliver services to a diverse or special population (linguistic, cultural, geographic, special needs status, other), have you made any changes to service delivery or Program characteristics in order to better serve this population in the current reporting period?

Part 6: Future Planning (for Final Program Reports only)

10. Now that your Program with First 5 Merced is completed, how do you envision the future of your program? For example: Will you continue the same way or will you have to modify it and how so? Were you able to take the lessons you learned from operating this Program to develop other programs in your organization? Please describe:
11. Please describe if you have been able to secure additional funding or in-kind contributions to continue or enhance the Program?

Part 7: Additional Comments (Optional)

12. Please use the space below for any additional comments you have for us that did not fit into any of the questions above.

Part 8: Desired Outcomes

<p>13. Of all the unduplicated children served directly this year who DID NOT have a developmental screening (in the past 12 months), how many children did you either screen or refer/connect for a screening?</p>	<p># of children screened/referred _____</p>	<p>Did not screen/refer for screenings <input type="checkbox"/></p>	<p>Not Applicable (Children NOT directly Served) <input type="checkbox"/></p>
<p>14. IF YOUR PROGRAM provided or referred parents/caregivers of children (0-5) years, for services to meet <u>basic, primary needs</u>, how many parents/caregivers did you serve or refer? (e.g.: food, shelter, clothing, housing, transportation or other similar assistance)</p>	<p># of clients served/referred: _____</p>	<p>Not Applicable (Staff did not attend) <input type="checkbox"/></p>	
<p>15. IF YOUR PROGRAM <u>staff</u> attended any professional development opportunities this year (trainings, etc.) to enhance your services for children 0-5 and their families, how many staff attended?</p> <p>Number of trainings staff attended: _____</p> <p>Types of trainings (please list): _____</p>	<p># of staff _____</p>	<p>Not Applicable (Didn't provide or refer) <input type="checkbox"/></p>	
<p>16. IF YOUR PROGRAM was the <u>primary organizer</u> of a community event, health fair, media campaign/activity, conference, or similar event to further the goals of your program, approximately how many individuals did you reach?</p> <p>Number of events: _____</p> <p>Types of events/activities (please list): _____</p>	<p># of staff _____</p>	<p>Not Applicable (Did not participate in any events) <input type="checkbox"/></p>	
<p>17. IF YOUR PROGRAM <u>participated</u> in a community event, health fair, media campaign/activity, conference or similar event to further the goals of your program ORGANIZED BY ANOTHER AGENCY/PROGRAM, approximately how many individuals did you reach? _____</p> <p>Number of events attended: _____</p> <p>Type of events/activities (please list): _____</p>	<p>Estimated # reached: _____</p>	<p>Not Applicable (Did not participate in any events) <input type="checkbox"/></p>	
<p>18. IF YOUR PROGRAM <u>collaborated with other agencies or programs</u> (other than through a formal sub-contractual basis) to enhance your program services/goals OR to assist in meeting needs beyond your program, please approximate how many and list them: _____</p> <p>Please list collaborating entities/programs: _____</p>	<p># of collaborating agencies/programs _____</p>	<p>Not Applicable <input type="checkbox"/></p>	

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