

Strengthening Families Program

Implementation Survey

PURPOSE AND BENEFITS

Thank you for submitting this information about your implementation of the Strengthening Families Program. Your accurate and thorough responses will help us to understand how SFP is being implemented in Washington State, to obtain funding for continued implementation, and to advise new program providers. We hope that completing the questionnaire will also be helpful for you. Thank you for your time!

INSTRUCTIONS

There are 5 parts to this questionnaire:

1. Your information
2. Program information
3. Attendance information
4. Budget information
5. Facilitator information

In order to minimize response time, we recommend that you have all program information (i.e. attendance sheets, budget information) available while you are filling this out. If you have this information on hand, we estimate that it will take approximately 20-30 minutes to complete this questionnaire.

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509-335-2456 (fax)*

Your Information

1. Your Contact Information:

Name: _____

Email: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

2. Your Job:

Title: _____

Organization: _____

3. What was your role in this instance of SFP?

(For example: Lead facilitator; Extension Agent coordinating program)

Program Information

1. In which county was your program offered?

2. In what location was the program held (for example, Lincoln High School)?

3. Which version of the program did you use? Please select only one response:

English language _____

Spanish language _____

Combined English and Spanish _____

4. Program Dates (month/day/year):

Start date ____ - ____ - ____ End date ____ - ____ - ____

5. Each program is structured differently. Below are some variations in program implementation that programs have reported. Please select the responses that best describe how your program was structured:

	Yes	No	Don't Know	NA
Did you offer childcare for families attending the program?				
Did you offer meals?				
Did you offer transportation for families?				
Did you hold an orientation session before the starting of the program?				

6. Did you charge families to attend the program?

_____ No, we did not collect money from families

_____ Yes, we collected a deposit but returned it later

_____ Yes, we accepted donations

_____ Yes, we charged families on a sliding scale

_____ Yes, we charged all families a flat rate

_____ Other (please specify):

Attendance Information

For the following questions, we consider a “family” or “family group” to be any combination of parents or adult relatives or caregivers * * PLUS * * one or more youth, who are attending the program together.

1. How many of the following attended the program’s first session (not including orientation meetings)?

All together: Families or family groups _____

Breakdown: Parents/caregivers _____

Breakdown: Youth _____

2. How many of the following attended FIVE OR MORE program sessions (not including orientation meetings)?

All together: Families or family groups _____

Breakdown: Parents/caregivers _____

Breakdown: Youth _____

3. How many of the following attended ALL SEVEN program sessions (not including orientation meetings)?

All together: Families or family groups _____

Breakdown: Parents/caregivers _____

Breakdown: Youth _____

Budget Information

1. What was your total cash outlay for this program?

2. Please check all sources who contributed resources to this program (*including* donated space, materials, time, or other non-cash resources):

- Drug-Free Communities
- STOP Grant (SAMHSA)
- Office of Juvenile Justice and Delinquency (OJDDP)
- RuAD Grant (DASA/DBHR)
- SPF-SIG Communities Grant (DASA/DBHR)
- DSHS Division of Alcohol and Substance Abuse -- Other (DASA/DBHR)
- Community Mobilization
- Department of Commerce/Community Trade and Economic Development
- Public Health and Safety Community Networks (Family Policy Council)
- Safe and Drug Free Communities (SFDC/OSPI)
- Office of Superintendent of Public Instruction -- Other (OSPI)
- Department of Health -- tobacco (DOH)
- Washington State Mentoring Partnership
- Funding from state grant
- Funding from private grant foundation
- Private donation from individual
- Donation from local business
- Donation from local faith-based organization
- Donation from local government (city, county)
- Other: _____
- Other: _____

3. Approximately how much total cash did you pay for each of the following (do not include program manuals or videos):

Facilitators (total) \$ _____	Copying \$ _____
Publicity \$ _____	Meals and Snacks \$ _____
Incentives \$ _____	Other program materials \$ _____
Rent \$ _____	Transportation \$ _____
Child Care \$ _____	Other \$ _____

4. What amount did you collect for deposit fees?

5. What was the range of donations collected (e.g. from \$0 - \$25)?

6. What amount did you collect per family for program fees?
