

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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Program Implementation Checklist

1. How many facilitators were there in this program? _____

2. How many of those facilitators had received formal training (from the program developers or from a trainer of trainers)? _____

3. How engaged was this particular group of youth in the program?

1 ----- 2 ----- 3 ----- 4 ----- 5

| | | | | |
|-----------------------|---------------------|-----------------------|-----------------|----------------------|
| Not at all Engaged | A little Engaged | Moderately Engaged | Very Engaged | Extremely Engaged |
|-----------------------|---------------------|-----------------------|-----------------|----------------------|

4. How engaged was this particular group of parents in the program?

1 ----- 2 ----- 3 ----- 4 ----- 5

| | | | | |
|-----------------------|---------------------|-----------------------|-----------------|----------------------|
| Not at all Engaged | A little Engaged | Moderately Engaged | Very Engaged | Extremely Engaged |
|-----------------------|---------------------|-----------------------|-----------------|----------------------|

In real-world program implementation, it is often difficult to deliver a program exactly as it was intended to be delivered. We are interested to hear from program facilitators about how much they were able to deliver the program with fidelity (i.e. according to the manual), how much they have had to change some aspects of the program and why changes were necessary.

4. How different was this program delivery from the standard manualized version?

1 ----- 2 ----- 3 ----- 4 ----- 5

| | | | | |
|-------------------------|-----------------------|-----------------------|--------------------------|------------------------|
| Not at all Different | A little Different | Somewhat Different | Quite a bit Different | Extremely Different |
|-------------------------|-----------------------|-----------------------|--------------------------|------------------------|

5. If the program was substantially modified, please tell us the nature of the changes that were made (leaving out program material, adding or changing material, other):

6. If the program was substantially modified, please take a moment to tell us why (not enough time, high-activity youth, families couldn't relate to scenarios, etc.):

Thank you!!

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 list all funding sources and amounts used for cash outlay—for example:

DASA (\$1500):

Source 1 _____

Source 2 _____

Source 3 _____

Source 4 _____

Source 5 _____

Source 6 _____

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?

Facilitator Information

The final section of this form asks for information about program facilitators. We are collecting detailed information for all facilitators who had primary responsibility for conducting the program.

How many facilitators (total) did the program have? _____