

# 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.

*Washington State University  
Department of Human Development  
Johnson Tower 617  
PO Box 644852  
Pullman, WA 99164-6236  
509-335-5476 (phone)  
509-335-2456 (fax)*

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 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?

\_\_\_\_\_