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         A little  Moderately  Very  Extremely
   Engaged           Engaged  Engaged    Engaged  Engaged

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

   1 --------------------- 2 --------------------- 3 --------------------- 4 ------------------ 5
   Not at all         A little  Moderately  Very  Extremely
   Engaged           Engaged  Engaged    Engaged  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         A little  Somewhat     Quite a bit  Extremely
   Different         Different  Different    Different  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!!
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:

<table>
<thead>
<tr>
<th>Did you offer childcare for families attending the program?</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you offer meals?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you offer transportation for families?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Did you hold an orientation session before the starting of the program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ______________________________
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):

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitators (total)</td>
<td>$ _____</td>
</tr>
<tr>
<td>Copying</td>
<td>$ _____</td>
</tr>
<tr>
<td>Publicity</td>
<td>$ _____</td>
</tr>
<tr>
<td>Meals and Snacks</td>
<td>$ _____</td>
</tr>
<tr>
<td>Incentives</td>
<td>$ _____</td>
</tr>
<tr>
<td>Other program materials</td>
<td>$ _____</td>
</tr>
<tr>
<td>Rent</td>
<td>$ _____</td>
</tr>
<tr>
<td>Transportation</td>
<td>$ _____</td>
</tr>
<tr>
<td>Child Care</td>
<td>$ _____</td>
</tr>
<tr>
<td>Other</td>
<td>$ _____</td>
</tr>
</tbody>
</table>

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?

__________________