

Appendix F

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Exhibit 3.1. Advantages and Disadvantages of Types of Evaluation Leaders

	Advantages	Disadvantages
Internal Evaluator	<ul style="list-style-type: none"> • Supported by internal staff. • Promotes maximum involvement of participants because parents are comfortable with staff. • Ability to tailor the evaluation to meet each center’s needs, e.g., different cultures. • Expediency. • Less expensive. 	<ul style="list-style-type: none"> • May not be sufficiently knowledgeable about evaluation methodology. • Poorly functioning internal relationships may hamper the evaluation. • Staff’s time commitment may be high.
External Evaluator	<ul style="list-style-type: none"> • Objectivity. • Provides new perspectives. • Methodological expertise. • Less burden for administrators. • Participants might talk more openly to an external than an internal evaluator. • Complements the director’s program experience. 	<ul style="list-style-type: none"> • More expensive. • May not understand the program sufficiently. • May not be familiar with staff and their interrelationships. • Difficulty contracting the evaluator. • Conflicting philosophies between evaluator and administrators. • Timeliness in submitting reports. • Unfamiliarity with the CAC’s culture. • Educating external evaluators about the program may be time consuming.
Combination Internal and External	<ul style="list-style-type: none"> • Director has program knowledge and evaluator has evaluation expertise. • An external evaluator can design the evaluation and the center can keep the evaluation going. • Experts can write grant proposals for funding and directors can provide the program information. 	<ul style="list-style-type: none"> • Professional evaluators may be more expensive. • Conflicting philosophies between evaluator and administrators.

Exhibit 3.2. Distribution of Evaluation Team Responsibilities

Evaluation Phase	Evaluation Activity	CAC Evaluation Team Members						
		External Evaluator	CAC Administrator	Victim/Survivor Advocate	Statistician Member	Board of Directors Member	Community	Data Collector
Planning	General Responsibilities	Design of the evaluation	Management of the evaluation	Provide a voice for the victims/survivors	Guidance with measures and analyses	Ensure the evaluation is meeting the CAC's goals	Ensure the evaluation is responsive to the community's needs	Provide oversight of the data collection
	Expertise	Evaluation research	Subject matter and the CAC	Perspective of the victims/survivors	Measurement and statistical analysis	The CAC's goals	How the community perceives the CAC	Data collection, storage, and entry
	Initial Evaluation Activities	Become familiar with the CAC, its goals, and the evaluation team; develop evaluation design; determine appropriate sampling; select measures	Arrange weekly team evaluation meetings; enlist the team's cooperation; approve protocols	Become familiar with evaluation research; assist with designing the recruitment protocol	Become familiar with the CAC, its goals, and how the goals might be measured; assist with selecting appropriate measures	Approve the evaluation design; check on the face validity of the design	Provide input into the design from the community's perspective	Develop recruitment and data collection protocol; develop informed consent forms

Exhibit 3.3. Sample Concerns and Responses Letter

Date

Dear Colleague,

The purpose of this note is to respond to concerns raised by the Evaluation Team in recent meetings. Most of these concerns relate to the use of one element of the study design—[whatever the primary concern is]—to document the effectiveness of the CAC.

We consider this element of the evaluation to be necessary because ... [write your justification]. Previous evaluations have been suspect because of the failure to implement Our design will

We must also consider the fact that the CAC is an ongoing program. We recognize that our evaluation should do nothing to damage program operations and good will. Thus, we must work to identify a strategy that allows us to implement a rigorous evaluation and accommodate the evaluation.

Five specific concerns have been raised about the evaluation:

Concern: [Write a one-sentence summary of the issue]

Response: [Provide as much narrative as possible in response to the concern]

We hope this addresses the concerns raised by the Evaluation Team. We will appreciate the opportunity to continue these discussions with you at subsequent meetings. Please feel free to raise these issues again if you feel your concern has not been adequately addressed.

Sincerely,

Exhibit 4.1. Sample Flowchart for a Process Evaluation

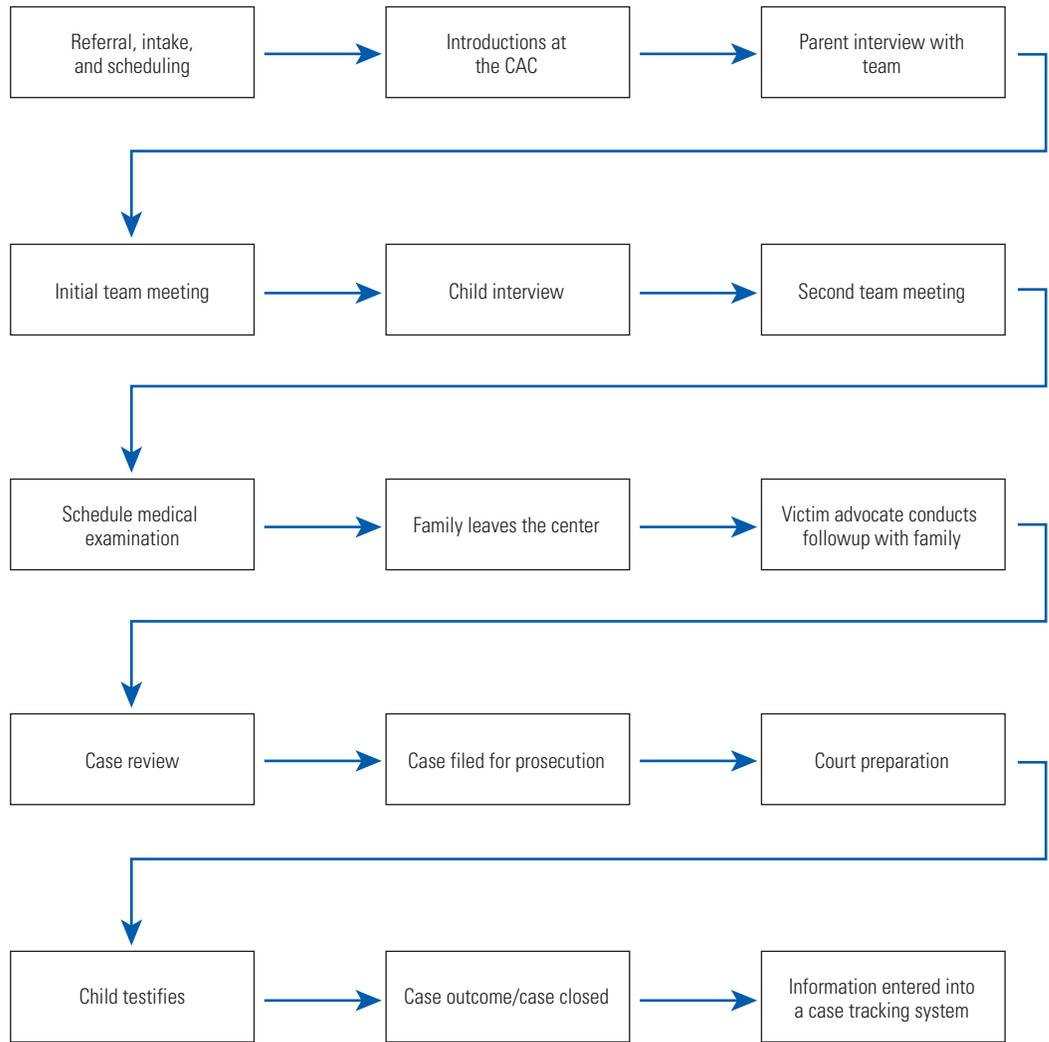


Exhibit 4.2. Sample Spreadsheet for Recording Staff Activity

Employee Name _____ Week of _____

Activity	Purpose of Activity	Time With Client 001 (in minutes)	Time With Client 002 (in minutes)	Time With Client 003 (in minutes)
Prepare for family				
Greet family				
Parent interview				
Tour of center				
Meet with MDT				
Child interview				
Meet with MDT and parent				

Exhibit 5.1. Goal Approximation Rating Form

Program Component	Most Unfavorable Outcome	Less Than Expected Success	Expected Level of Success	More Than Expected Success	Best Anticipated Success
Child-Friendly Facility					
Multidisciplinary Team					
Case Review					
Child Interview					
Victim Advocate					
Medical Services					
Mental Health Services					
Case Tracking					

Exhibit 5.2. Logic Model for Child Advocacy Center Programs

Background Factors	Program Activities	Inputs	Outputs	External Factors	Outcomes				Instruments
					Immediate Outcomes	Intermediate Outcomes	Long-Term Outcomes	Unintended or Negative Outcomes	
Children's reactions to strange places	Child-friendly facility	Program has a child-appropriate waiting room (toys, colors, child-size chairs) and child-monitoring adult	Children are able to wait for their interview or medical exam comfortably, distracted with toys, an adult to play with them; some centers serve food	Community environment, donations, volunteers	Children feel more comfortable, less anxiety while waiting	Because children enjoy the CAC activities, they will be able to be more productive in the investigative interview; children will be less resistant returning to the center	Faster recuperation because the CAC experience was positive (positive long-term memories of the CAC because it was a child-friendly environment)	Children will not want to leave the playroom for the interview or medical exam; children will not want to go home after having such a great place to play	Child-Friendly Program Monitoring Questionnaire Home Observation for the Measurement of the Environment (HOME) (adapted for CAC facility)
Degree of physical damage to child; children's fear of physicians; degree of physician training in CSA	Medical evaluation Variations: onsite, offsite	Trained and qualified medical personnel to conduct forensic medical examination	Children are seen by a caring and trained professional	Funding for an onsite medical facility; trained medical personnel available in the community	Acquiring medical evidence for prosecution; greater likelihood case is accepted for prosecution	Psychological benefits for children in knowing their medical status (e.g., healthy bodies)	Greater chance of conviction with solid medical evidence	Child anxiety related to medical procedures	Children's Reaction to Medical Exams Medical Examination Questionnaire
Degree of prior psychopathology; family support; attending therapy sessions; appropriate therapeutic training	Therapeutic intervention Variations: onsite crisis intervention, onsite therapeutic intervention, referral services for therapeutic intervention	Onsite crisis intervention and subsequent referral for onsite mental health services or community mental health services	Access to individual or group psychological counseling to deal with problems associated with CSA	Availability of community-based therapeutic interventions; availability of trained therapists; community resources for mental health services	Immediate psychological adjustment to CSA; acquiring adequate coping skills	Psychological growth	Reduction in revictimization	Additional issues surface (not necessarily a negative); stigma of receiving mental health services	Mental Health Services Questionnaire Child Interview Questionnaire Newman's Rating Scale

Continued on next page

Exhibit 5.2. Logic Model for Child Advocacy Center Programs (continued)

Background Factors	Program Activity	Inputs	Outputs	External Factors	Outcomes				Instruments
					Immediate Outcomes	Intermediate Outcomes	Long-Term Outcomes	Unintended or Negative Outcomes	
Complexity of the case; needs of the family (degree of family dysfunction); quality of previous interactions with various service providers	Victim advocacy Variations: onsite services, services provided at a remote location, or a combination of both	Experienced victim advocate links families with needed services; acts as liaison between team members and the family	Family has access to needed services; families have a contact person to whom they can ask questions	Degree of acceptance by the various agencies; availability of services in the community	Immediate needs are met	Immediate ability to cope; better ability to attend to child's issues	Greater family adjustment	Victim advocate is too intrusive in families' lives	Victim Advocate Questionnaire
MDT's past experience with the other agencies; philosophy regarding teamwork	Case review Variations: review some or all cases prospectively, retrospectively, or both	Team members review a case and each team member reports on the progress of the case	Sharing information and requesting further information from team members	Supervisor support for case review (e.g., time to attend the weekly meetings)	Enhanced information-gathering capacity; obtaining high-quality information; reduced duplication of effort	Efficient case processing; reduction in length of the investigation; quicker decision whether to prosecute	Increased number of prosecutions, pleas, and convictions	Team gets overwhelmed by the number of cases to review	Case Review Questionnaire

Discussion: How far into the future should CACs be held accountable? Are they successful only if they reduce the prevalence of CSA in a community? The program should extend far enough to capture meaningful change, but not so far that the program's effects are washed out by other factors.

Exhibit 5.3. Outcome Measurement Framework

Program and Outcome	Program and Outcomes			Influencing Factors		
	Indicator(s) (What does the outcome look like when it occurs?)	Data Source	Data Collection Method and Measure(s)	Influencing Factors	Data Source	Data Collection Method
Child-Friendly Facility Children feel more comfortable; less anxiety waiting if they can play	Room is brightly colored; child-sized furniture; toys are easily accessible	Children, parents, and/or CAC staff	Questionnaire	Child's age; degree of family stress	Parents	Questionnaire
Multidisciplinary Team More efficient investigation of CSA	Informally sharing information; greater degree of team cohesion	MDT	Questionnaire	Trust among the team members	MDT	Questionnaire
Investigative Child Interview Quality information is obtained from children; fewer child interviews	One to three interviews; high-quality information obtained from interviews	Child interviewer	Questionnaires, rating scales	Interviewer training; child's language development	Child interviewers, parents, and/or children	Questionnaires
Medical Examination Medical evidence for prosecution; psychological benefits for children who know their medical status	Results of medical examinations; information provided to the child during the medical examination regarding the child's health; forensic medical evidence available	Medical personnel; children	Questionnaire	Physician experience with CSA examinations	Medical personnel	Questionnaire
Mental Health Services Adequate coping skills; children attend therapy	Referral for therapy; attending therapy	Therapist; child	Questionnaire	Family support; transportation to therapy	Parents	Questionnaire
Victim Advocate Family receives needed services	Number and type of referrals for services	Parents	Questionnaire	Number of available services in the community	Victim advocate	Questionnaire
Case Review Complete, timely, and accurate information relevant to the investigation	Specified degree of information sharing	MDT	Questionnaire	Supervisor support for workers attending MDT meetings	MDT member's supervisor	Questionnaire

Exhibit 6.1. Recruitment Script

Hi. My name is _____. I know this is a difficult time for you, but I wondered if we could talk for a few minutes? I can assure you that (child's name) is being well taken care of.

I work with a Child Advocacy Center in _____, about _____ minutes/miles away from here. Our center serves families like yours. We are here today because we are trying to figure out whether the services our center provides are making a difference for the families we serve. One way we can determine this is to ask children who are not receiving our services how they feel about the services they are receiving here. In essence, we are comparing how children feel here with how children feel at our center.

That's why we are here today. We are asking families if they would be willing to assist us by allowing their children to answer some questions about their experience at this agency. Officer/Supervisor _____ supports our work, although we are not involved in your case in any way and your case will not be influenced in any way by our talking together.

Your child should be able to complete the questionnaire in several minutes. Our primary purpose is to help families like your own. We want to be sure that we are doing the best possible job for the children and families in our community. I've already talked to many families, and they have agreed to help us out. Would you be willing to do this?

Exhibit 7.1. Parent Recruitment Script at the Center

Hi. My name is _____. I work here at the CAC. I understand what a difficult time this is for you. I can assure you that [child's name] is being well cared for by [interviewer's name].

As you know, we are here to help you and your family. We also want to help other families as well. My job is to talk to parents about how we are doing. We want to make sure we are doing the best job possible for your family and families like yours. To figure this out, I have some questions that I would like to ask you (or I have a questionnaire I would like for you to fill out). We should be able to complete the interview (or you should be able to complete the questionnaire) during the time it takes for your child to be interviewed, about 15 minutes [if applicable].

Because we are interested in how your family is doing in the future and in what you think about the center after you have been gone for a little while, we would also like to contact you several times over the next 2 years. We would like to contact families after 6 months, 1 year, and 2 years after leaving our center. I can assure you that I have asked many families to help us out, and most have been very willing. Would you be willing to help us out? [If completing questionnaires] I can either stay here with you if you would like or I can wait in the other room, whichever is more comfortable for you.

Exhibit 7.2. Invitation to Participate (on Child Advocacy Center letterhead)

Date

Dear Collaborative Partner,

You have been selected to take part in a survey of interagency collaboration among agencies involved in addressing child sexual abuse in our community. Your participation is very important. As you know, working with families and victims of child sexual abuse can be demanding and exhausting. Many different agencies may be involved in any given case and multiple contacts between professionals is common. However, coordination of service can result in more effective interventions and positive outcomes for victims and families.

[Insert child advocacy center name] is conducting a survey to better understand how the collaborative system functions in our community and your knowledge and input are vital to this process. Enclosed is a copy of the survey being used. It asks your opinion regarding interagency communication, the referral process, interagency conflict and resolution, agency roles and goals, teamwork, and your experience of interacting with [insert child advocacy center name].

Please take the time to complete the survey and return it in the enclosed self-addressed stamped envelope. It would be helpful to have your completed survey returned to us by [insert date].

Your responses are confidential and anonymous. Do not include your name with the survey. If you have any questions or concerns, please feel free to contact me at XXX-XXX-XXXX.

Sincerely,

Exhibit 7.3. Telephone Protocol

Hello _____. My name is _____ with the Child Advocacy Center. Is this a good time to talk?

You should have received a card with an attached questionnaire telling you that we would be calling. Did you receive that card? (If no, thank the person for their time and do not proceed).

If you have a few minutes, I would like to ask you the questions that are on the questionnaire. Do you still have the questionnaire? If you can easily find it we can go over the questions together. Before we begin the questions, I want to let you know that you can end this interview at any time without affecting your case. Also, I want to let you know that your name will not be associated with any of our findings or recommendations. We would greatly appreciate your participation in helping us to improve the Child Advocacy Center. Do you have any questions? If you have any questions about the project you may call [evaluator's name] at XXX-XXX-XXXX or the director, [director's name], at XXX-XXX-XXXX.

The questionnaire works like this. I will ask you a question and then you will respond by saying you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree.

For example, if you agree with a statement, you would say "agree." Do you have any questions?

OK, let's begin. The first question is [read question]. Do you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree?

OK, question two is [read question]. [Repeat until all questions are completed.]

Do you have any questions about what we've just gone over?

[Parent's name], thank you for taking the time to answer these questions. This information will be useful in helping us know how we are doing during a difficult situation so that if there are any problems, we can identify them, and hopefully help other families like your own. We couldn't do this without your help.

Goodbye.

Exhibit 7.4. Permission-to-Recontact Script

We are very interested in improving our services to children and families. To do this, it would be very helpful if we could contact you at some future time to learn what has happened to your family, whether you think our efforts helped, and what more we could have done to assist your family. Would you be willing to have us contact you again? [If yes] To ensure that we can locate you, could you please tell us how it would be best to contact you in the future?

Exhibit 7.5. Informed Consent—Contact in the Future Form

To learn more about how well the Child Advocacy Center's program is working, we routinely interview participants after they leave the program to ask how they are doing.

If you agree to a telephone interview in ____ months, everything you say in the telephone interview will be confidential. The information you provide will be combined with the information from all other participants we interview. No one will be able to tell which answers are yours. Be assured that other agencies working on your case will not have access to this information and your answers will not affect your case in any way.

We also would like to obtain information about how well your child is doing. If you give us permission, we would also like to talk to your child on the telephone. This information also will be confidential.

Participation in either of the followup studies is completely voluntary. Whether you participate or not will not affect your eligibility for services at the Child Advocacy Center.

If you agree to participate in these followup studies, and we hope you will, please read (or have read to you) both agreements below and then sign them.

I have read this form (or this form has been read to me), and I agree to participate in the Child Advocacy Center's followup telephone interview. I understand that my participation is totally voluntary, that I can refuse to answer any question that is asked, and that I can stop the interview at any time.

Participant's Signature

Printed Name

Date

I have read this form (or this form has been read to me), and I agree to have someone contact my child to conduct an interview. I understand that my agreeing to this interview is totally voluntary, and that I can stop the interview at any time by contacting the Child Advocacy Center's Program Director [name] at [phone number].

Participant's Signature

Printed Name

Date

Exhibit 7.6. Followup Interview Schedule

Family ID #	Participant	First Interview	Completed	Scheduled 2nd Interview	Completed	Scheduled 3rd Interview	Completed
001	Parent	12/5/2002		Week of 12/5/2003		Week of 12/5/2004	
	Child	12/5/2002		Week of 12/5/2003		Week of 12/5/2004	
002	Parent	12/7/2002		Week of 12/7/2003		Week of 12/7/2004	
	Child	12/7/2002		Week of 12/7/2003		Week of 12/7/2004	

Exhibit 7.7. Informed Consent Form—Adult Form

Please feel free to ask any questions you have now, or if you have questions later, call the researcher, _____, at _____.

The Child Advocacy Center would like to know how satisfied you are with its services. To that end, we are asking you to respond to a set of questions about your experience at the Child Advocacy Center. We will ask you to complete the questions while you are here at the center. Your participation is voluntary, anonymous, and confidential. Your name will at no time be on the questionnaire. The results of the answers to these questions from you and other participants will be used to improve services at the Child Advocacy Center.

I understand that my participation is voluntary, confidential, and anonymous and has nothing to do with my or my child receiving services of any kind.

I understand that I am being asked to answer a number of questions about my experience at the Child Advocacy Center and that this will take about ____ minutes altogether, and should add about ____ minutes to my time at the Child Advocacy Center.

I understand that I am free to stop participating at any time without harming my relationship with the Child Advocacy Center or any other agency working on my case.

If you agree to participate, please sign below.

Signature

Date

Exhibit 7.8. Informed Consent Form—Child Form

The Child Advocacy Center would like to know how satisfied your child is with the services he/she received here. To that end, we are asking a number of children to respond to [____] basic questions about their experience at the Child Advocacy Center. Your child will be asked to answer these questions while here at the center. Agreement to participate is voluntary, anonymous, and confidential. Your or your child's name at no time will be on the questionnaire. The results of the answers to these questions from your child and other children will be used to improve services at the Child Advocacy Center.

I understand that my child's participation is voluntary, confidential, and anonymous and has nothing to do with my child receiving services.

I understand that my child first will be asked if she or he would be willing to answer a number of questions about his or her experience at the Child Advocacy Center, and if she or he agrees, that this will take about ____ minutes.

I understand that I and my child are free to stop participating at any time without harming my or my child's relationship with the Child Advocacy Center or any other agency working on my case.

If you agree to allow your child to participate, please sign below.

Signature

Date

Exhibit 7.9. Informed Consent Form—Youth Assent Form

Please feel free to ask any questions you have now, or if you have questions later, call the researcher, _____, at _____.

The Child Advocacy Center would like to know how satisfied you are with its services. To that end, we are asking you to respond to a set of questions about your experience at the Child Advocacy Center. We will ask you to complete the questions while you are here at the center. Your participation is voluntary, anonymous, and confidential. Your name at no time will be on the questionnaire. The results of the answers to these questions from you and other participants will be used to improve services at the Child Advocacy Center.

I understand that my participation is voluntary, confidential, and anonymous and has nothing to do with my receiving services of any kind.

I understand that I am being asked to answer a number of questions about my experience at the Child Advocacy Center and that this will take about ____ minutes altogether, and should add about ____ minutes to my time at the Child Advocacy Center.

I understand that I am free to stop participating at any time without harming my relationship with the Child Advocacy Center or any other agency working on my case.

If you agree to participate, please sign below.

Signature

Date

Exhibit 7.10. Sample Pledge of Confidentiality for Data Collectors

I understand that:

I may be collecting information of a personal and sensitive nature.

Individuals participating in this study have been assured that their names will not be disclosed and that all information will be kept confidential.

The responsibility of fulfilling this assurance of confidentiality begins with me.

In recognition of this responsibility, I hereby give my personal pledge to:

1. Keep confidential the names of all respondents, all information and opinions collected during the data collection process, and any information learned incidentally while collecting the data.
2. Refrain from discussing or disclosing, except privately with my data collection supervisor, information that might in any way identify or be linked to a particular individual.
3. Terminate data collection immediately if I encounter a respondent or begin reviewing a record for an individual whom I know personally, and contact my supervisor for further instructions.
4. Take precautions to prevent access by others to data in my possession.
5. Take all other actions within my power to safeguard the privacy of respondents and protect the confidentiality of information I collect.
6. Devote my best efforts to ensure that there is compliance with the required procedures by persons whom I supervise.

Signed

Date

Exhibit 8.1. Evaluation Planning Form

Select the evaluation team members (chapter 3)

Team Member's Expertise and Name	Team Member's Responsibilities
<input type="checkbox"/> Subject-matter knowledge (e.g., director)	
<input type="checkbox"/> Quantitative knowledge	
<input type="checkbox"/> Multidisciplinary team representative	
<input type="checkbox"/> Staff representative	
<input type="checkbox"/> Data collection representative	
<input type="checkbox"/> Victim representative	

Purpose of this evaluation

Select the evaluation design (chapters 4–6)

Program Monitoring Evaluation	Outcome Evaluation	Impact Evaluation
Determine which program(s) to evaluate.	Determine goals.	Determine objective.
Identify steps in the program.	Develop objectives.	Write evaluation questions.
Determine what should happen at each step.	Identify procedures and process.	Form predictions.
Determine what actually happens at each step.	Determine outcomes.	Select comparison group.
Compare what should have happened with what actually happens.	Develop logic model.	Determine length of the evaluation.
	Select instruments.	Identify influencing factors.
		Select instruments.

Select participant recruiter (chapter 7)

Determine who is participating

- CAC staff
- Multidisciplinary team and agencies
- CAC families
- Non-CAC participants

Determine eligibility criteria

Determine number of participants needed for each group of participants

- _____ CAC staff
- _____ Multidisciplinary team and agencies
- _____ CAC families
- _____ Non-CAC participants

Continued on next page

Exhibit 8.1. Evaluation Planning Form (continued)

Incentives and compensation

Note disincentives (if any)

Develop recruitment protocol

Recruitment script

When to recruit

Where to recruit

Informed consent

Develop method to maintain contact with families

Track why participants refuse to participate

Draft evaluation timeline (chapter 8)

Start Date

End Date

- Before the center opens
- Just as the center opens
- After the center opens (e.g., 1 year)

Identify applicable evaluation contexts (chapter 8)

- Evaluation context
- Staff context
- Participant context
- Social context
- Administrative context

Consider cultural issues (chapter 8)

Create a data collection protocol (chapter 9)

Select instruments

Who will administer instruments

When to administer instruments

How often to administer instruments

Where to administer instruments

Continued on next page

Exhibit 8.1. Evaluation Planning Form (continued)

Pilot test the evaluation protocol (chapter 9)

Create a management information system (chapter 9)

Create a data monitoring protocol (chapter 9)

Who will monitor the data

Data tracking system

Data storage

Create a data analysis protocol (chapter 10)

Who will enter data

Who will clean data

Who will analyze data

Analyses to conduct

Write and disseminate the evaluation report (chapter 11)

Author

Audience

Deadlines

Reviewers

Publications and presentations

Exhibit 8.2. When to Initiate the Evaluation: Advantages and Disadvantages

Start Date for Evaluation	Advantages	Disadvantages
Before the center opens	An evaluation that begins before the center opens can collect baseline data, which allows comparison of operations before the center opened with operations after the center opens.	Programs are in considerable development and refinement during this period and it may be difficult to collect reliable data during this phase because there are so many changes in program implementation.
As the center opens	An evaluation that begins as the center opens collects some baseline data with which to compare future outcomes to determine whether the program is making a difference.	During the first year, many programs undergo considerable changes that may make data collection and interpretation during this phase problematic.
1 or more years after the center opens	Data collection is easier (and possibly more valid) in an evaluation that begins 1 or more years after the center opens, when protocols are established.	The opportunity is lost to collect baseline data. In addition, operations may be entrenched, making it difficult to implement an evaluation.

Exhibit 8.3. Sample Timeline for Planning and Implementing the Evaluation

Type of Evaluation: _____

Evaluation Activity	Month												
	1	2	3	4	5	6	7	8	9	10–24	25–27	28–29	
Determine goals and objectives.	✓												
Select the evaluation design.	✓	✓	✓										
Choose the outcomes.				✓									
Specify indicators for outcomes.				✓									
Pilot test the outcome measurement system.					✓								
Prepare to collect data on indicators.						✓	✓						
Improve outcome measurement system.									✓				
Launch full-scale implementation.										✓		✓	
Analyze and report initial findings.								✓	✓				
Analyze data.												✓	
Write evaluation report.													✓

Exhibit 9.1. Advantages and Disadvantages of Client Satisfaction Questionnaire Administration Options

Timing	Advantages	Disadvantages
Administer the survey when the family first arrives at the center.	<ul style="list-style-type: none"> The agency is sure to obtain the data. 	<ul style="list-style-type: none"> The family has no experience with the center before completing the questionnaire and may not have sufficient information upon which to comment.
Administer the survey at some point between when the family first arrives and before the client leaves the center.	<ul style="list-style-type: none"> The agency is sure to obtain the data. 	<ul style="list-style-type: none"> The family may not have had a chance to assess the program before completing the questionnaire and may not have sufficient information upon which to comment. Variations in data collection times could affect the results. That is, if some families participate when they first arrive at the center and other families participate as they leave, their responses may reflect when the questionnaire was administered and not their experience of the program.
Administer the survey just prior to the family leaving the center.	<ul style="list-style-type: none"> The agency is sure to obtain the data. The family has experience with the center; therefore, the results are more likely to be valid. 	<ul style="list-style-type: none"> The family may be eager to leave the center and thus less cooperative about completing a questionnaire.
Give the family a questionnaire as they leave the center and ask them to return it in the mail.	<ul style="list-style-type: none"> The family has experience with the center; therefore, the results are more likely to be valid. The family can complete the questionnaire in the privacy of their home. The agency can be confident the family has received the questionnaire. 	<ul style="list-style-type: none"> After leaving the center, the family may want to move on with their lives and thus may not return the questionnaire. Family members may forget the details of their experience at the center and may not provide complete information.
Mail the survey to the family after the family has left the center.	<ul style="list-style-type: none"> The family has experience with the center; therefore, the results are more likely to be valid. The family can complete the questionnaire in the privacy of their home. 	<ul style="list-style-type: none"> The agency cannot be sure the family has received the questionnaire (e.g., the family moved). When data collection is complete, the results may be biased because the agency may have data from more stable families who have not moved and have no data from families who have moved. Family members may forget the details of their experience at the center and may not provide complete information.
Administer the survey over the telephone after the family has left the center.	<ul style="list-style-type: none"> The family has experience with the center; therefore, the results are more likely to be valid. Participants may find it easier to answer questions over the telephone. 	<ul style="list-style-type: none"> Contacting the family may be difficult because there may not be a telephone in the home, or the family might move without leaving a forwarding telephone number. When data collection is complete, the results may be biased because the agency may have data from stable families (whose phones are still in service or who have not moved), but no data from less stable families. Family members may forget the details of their experience at the center and may not provide complete information.

Exhibit 9.2. Sample Data Tracking Form for Parent and Child Measures

Family #	Child Measures		Parent Measures		
	Demographic Information	Child Trauma	Demographic Information	Parent Satisfaction	Parent Stress
001	Date collected:	Date collected:	Date collected:	Date collected:	Date collected:
	By whom:	By whom:	By whom:	By whom:	By whom:
	Date entered:	Date entered:	Date entered:	Date entered:	Date entered:
	By whom:	By whom:	By whom:	By whom:	By whom:
002	Date collected:	Date collected:	Date collected:	Date collected:	Date collected:
	By whom:	By whom:	By whom:	By whom:	By whom:
	Date entered:	Date entered:	Date entered:	Date entered:	Date entered:
	By whom:	By whom:	By whom:	By whom:	By whom:

Exhibit 9.3. Sample Data Tracking Form: Multidisciplinary Team

Family #	Child Protective Services Workers		Law Enforcement Personnel		Prosecution Staff		Mental Health Professionals		Victim Advocates	
	Case Tracking	Team Cohesion	Case Tracking	Team Cohesion	Case Tracking	Team Cohesion	Case Tracking	Team Cohesion	Case Tracking	Team Cohesion
001	Date collected:	Date collected:	Date collected:	Date collected:	Date collected:	Date collected:	Date collected:	Date collected:	Date collected:	Date collected:
	By whom:	By whom:	By whom:	By whom:	By whom:	By whom:	By whom:	By whom:	By whom:	By whom:
	Date entered:	Date entered:	Date entered:	Date entered:	Date entered:	Date entered:	Date entered:	Date entered:	Date entered:	Date entered:
	By whom:	By whom:	By whom:	By whom:	By whom:	By whom:	By whom:	By whom:	By whom:	By whom:

Exhibit 9.4. Sample Data Tracking Form: All Evaluation Participants

Contact and Administration of Questionnaires Tracking Form

Family # _____

Date of initial contact _____

Recruitment method Personal Telephone Mail Other _____

Type of Evaluation (Check one)	Measure(s) Administered	Measure(s) Collected	Data Entered
<input type="checkbox"/> Child-Friendly Facility	<input type="checkbox"/> Client satisfaction survey	<input type="checkbox"/> Client satisfaction survey	<input type="checkbox"/> Client satisfaction survey
<input type="checkbox"/> Multidisciplinary Team	Administered by:	Collected by:	Entered by:
<input type="checkbox"/> Child Interview	Date:	Date:	Date:
<input type="checkbox"/> Medical Examination	<input type="checkbox"/> Child behavior checklist	<input type="checkbox"/> Child behavior checklist	<input type="checkbox"/> Child behavior checklist
<input type="checkbox"/> Mental Health Services	Administered by:	Collected by:	Entered by:
<input type="checkbox"/> Victim Advocate	Date:	Date:	Date:
<input type="checkbox"/> Case Review	<input type="checkbox"/> Child trauma symptom checklist	<input type="checkbox"/> Child trauma symptom checklist	<input type="checkbox"/> Child trauma symptom checklist
<input type="checkbox"/> Other	Administered by:	Collected by:	Entered by:
	Date:	Date:	Date:
	<input type="checkbox"/> MDT cohesion survey	<input type="checkbox"/> MDT cohesion survey	<input type="checkbox"/> MDT cohesion survey
	Administered by:	Collected by:	Entered by:
	Date:	Date:	Date:

Exhibit 9.5. Sample Data Tracking Form: Followup Data Collection

Telephone Interview							
Attempts to Contact Participant							
Family ID#	Date Consent Given	1	2	3	4	Interview Conducted	Entered
001		Date: By whom:	Date: By whom:				
002							
003							
004							

Mail Survey			
Family ID#	Sent	Received	Entered
001	Date: By whom:	Date: By whom:	Date: By whom:
002			
003			
004			

Exhibit 11.1. Description of Evaluation Users

Name of Audience Member or Organization	User 1 Name	User 2 Name	User 3 Name	User 4 Name
Affiliation				
Philosophy of evaluation				
Relationship to the program				
Personal characteristics and preferences				
Preferred communication form and style				
Primary areas of concern				
Key dates in the decision-making process				
Required report dates and type of report				
Political affiliation				

Exhibit 11.2. Report Schedule

Name of Report	Month Report Is Due												
	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.
Evaluation Proposal													
Provide copies to													
First-Quarter Report													
Provide copies to													
Second-Quarter Report													
Provide copies to													
Third-Quarter Report													
Provide copies to													
Final Report													
Provide copies to													

Exhibit 11.3. Sample Table: Outcome of Trauma Reported by Children, by Age of Child

Trauma Symptom Checklist	By Age			All Participants	
	0-6	7-12	13-18	Total	Percent of All
Cutoff or above (experienced trauma)	Number				
	Percent of age group				
Below cutoff (did not experience trauma)	Number				
	Percent of age group				
Totals					

Exhibit 11.4. Sample Table: Comparison of Intervention and Comparison Groups

Score on Child Behavior Checklist	Client Participants	Comparison Participants
High on externalizing	Average 74	Average 89
Low on externalizing	Average 45	Average 54