



Impact Evaluation Report 2008-09

This template was designed for *Network* contractors participating in the Impact Evaluation project. Please type your answers into this document and email it to Andy Fourney and your program manager by **July 31st, 2009**. Contact Andy Fourney (andy.fourney@cdph.ca.gov) if you need additional information.

Plan prepared by:

Contractor:

Contract Number:

Tel:

Email:

Date:

<input type="checkbox"/> Field Trips	Name the places visited during the evaluation period	Field trip destinations: _____ _____ _____
<input type="checkbox"/> Garden-based Nutrition Education	How many times during the evaluation period did the average survey respondent participate in garden-based nutrition education?	_____ # times
<input type="checkbox"/> Guest Lectures	How many lectures were provided by guest speakers? _____ # lectures	
<input type="checkbox"/> HOTM Workbooks	How many times during the evaluation period did students complete the monthly activity? _____ # times	
<input type="checkbox"/> Integrated Nutrition Education	Into what subjects was nutrition education be integrated? (Check <input checked="" type="checkbox"/> all that apply)	<input type="checkbox"/> All subjects <input type="checkbox"/> English/Language Arts <input type="checkbox"/> Foreign Languages <input type="checkbox"/> Health <input type="checkbox"/> History/ Social Science <input type="checkbox"/> Home Economics/Life Skills <input type="checkbox"/> Mathematics <input type="checkbox"/> Physical Education <input type="checkbox"/> Science <input type="checkbox"/> Other: _____
<input type="checkbox"/> Nutrition Reinforcement Items	Which items were distributed?	List items (and number of each): _____ _____

4. Who provided the nutrition education?

- Contractor staff
- Teachers
- Other: _____

5. What format was used?

Format	Average time per session (in minutes)
<input type="checkbox"/> Single Session How many? _____ <input type="checkbox"/> Series – 2-4 sessions <input type="checkbox"/> Series – 5-9 sessions <input type="checkbox"/> Series – 10-15 sessions <input type="checkbox"/> Series – 16 or more sessions	_____ Average # of minutes

6. Please identify UP TO FOUR educational topics that were emphasized in the nutrition education. (Check no more than four boxes)

- | | |
|--|--|
| <input type="checkbox"/> Fat Free & low fat milk
<input type="checkbox"/> Fats and oils
<input type="checkbox"/> Fiber rich foods
<input type="checkbox"/> Food shopping/preparation
<input type="checkbox"/> Fruits and vegetables
<input type="checkbox"/> Lean meat and beans
<input type="checkbox"/> Limit added sugars or caloric sweeteners | <input type="checkbox"/> MyPyramid – Healthy eating plan
<input type="checkbox"/> Physical activity
<input type="checkbox"/> Promote healthy weight
<input type="checkbox"/> Sodium and potassium
<input type="checkbox"/> Whole grains
<input type="checkbox"/> Food safety
<input type="checkbox"/> Other _____ (add rows if needed) |
|--|--|

Evaluation Design

7. Please paste or type the impact objective written in your SOW.

8. What survey tool did you use? (paste a check next to your answer)

- Fruit and Vegetable Checklist (cups or servings)
- Food Behavior Checklist (cups or servings)
- Day in the Life
- School and Physical Activity Nutrition Project (SPAN) questions on NES
- YRBS
- Fruit and Vegetable Inventory (adults)
- HOTM
- Five a Day Power Play! Survey
- NES (which factors)
 - Perceived peer behavior
 - Perceived parent consumption
 - Self-efficacy (asking and/or shopping)
 - Outcome expectations
 - Socialization-encouragement
 - Access to fruit and vegetables in the home
 - Physical Activity
 - Preferences (list items that were featured)
- Other – List _____

9. What type of design was used? (paste a check next to your answer)

- Pre-test and post-test
- Pre-test and post-test with a comparison (control) group
- Pre-test and post-test with interventions of different intensities
- Other _____

Evaluation Survey Implementation

10. How many (matched) surveys were collected?

Total matched #: _____

11. When were the pretest and posttest surveys administered? (Please give dates.)

Intervention	Comparison (Control)
Pre-tests:	Pre-tests:
Post-tests:	Post-tests:

12. Where were the nutrition education activities delivered? (Type the number of sites where data were collected)

Type of Setting	Number of Different Sites Where Data were Collected
Adult Education & Job Training	
Adult Rehabilitation Centers	
Worksites	
Community Centers	
Elderly Service Centers	
Emergency Food Assistance Sites	
Extension Offices	
Farmers Markets	
Food Stamp Offices	
Food Stores	
Public Housing	
Individual Homes	
Libraries	
Churches	
Public/Community Health Centers	
Head Start Programs	
Other Youth Education Sites	
Shelters	
WIC Programs	
Other _____	
Public Schools	During school
	After school
	Both

12a: Please give addresses of schools for geo-coding:

Evaluation Results

13. What were the results? Please include tables.

The *Network* has Data Entry Templates available to facilitate data entry and analysis. Contract Andy Fourney for more information.

Please include data for the following questions.

Demographics	Number of individuals	
Grade (If applicable)		
3 rd Grade		
4th Grade		
5th Grade		
6th Grade		
7th Grade		
8th Grade		
9th Grade		
10th Grade		
11th Grade		
12th Grade		
Age		
8 Years		
9 Years		
10 Years		
11 Years		
12 Years		
13 Years		
14 Years		
15 Years		
16 Years		
17 Years		
18 or older		
Gender		
Males		
Females		
Ethnicity - Hispanic		
Yes		
No		
Race		
	Hispanic	Not Hispanic
American Indian or Alaskan Native		
Asian		
African American		
Native Hawaiian or Other Pacific Islander		
White		
2 or More		

14. How would you interpret them?

Think about the change in the pretest and posttest scores. For example, did posttest scores go up or down? Did the p-value indicate the change was statistically significant? Consider the overall change in the factors or behavior.

15. What changes will you make to your nutrition education activities based on these results?

Think about specific ways to refine interventions for next year based on your results.

Reflection

16. Describe any changes you believe happened at a broader level, like the classroom, school, or community that resulted from your work?

17. Now, reflect on the successes you've had over the past year. Describe the best moment you had as a nutrition educator this year. Think about a moment when you knew your nutrition education had made a difference in someone's life or give an example of a time when you were proud to be a nutrition educator.

18. What were the big challenges you encountered during the evaluation process?

19. If Aladdin appeared with his magic lamp and offered you a wish to have more of those best moments or highlights what would you ask for?

20. How much did it cost to conduct this evaluation? Include direct costs, or money that you actually spent, and indirect costs, like staff time.

Direct Costs	\$
data collection	\$
data analysis	\$
printing surveys	\$
list other costs	\$
staff salary and benefits for time spent carrying out evaluation functions	\$
TOTAL	\$