
Evaluation Capacity Self Assessment Tool

Developed by Applied Survey Research, a partner of
Investing in Children and Families, What Works!,
on behalf of the Family Resource Center of Santa Cruz County

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Agency: _____

Date: _____

Program (pick one): _____

Agency Profile

How would you characterize your agency?

- Relatively new (established within the last five years)
- Somewhat new (established between the last five and ten years)
- Not new (have been established for over ten years)

Does your agency have a mission statement?

- Yes
- No

**Number of full time equivalent staff?
(check one)**

- 0 - 5
- 6 - 10
- 11 - 15
- 16 - 20
- Over 20

**Number of volunteers?
(check one)**

- 0 - 5
- 6 - 10
- 11 - 15
- 16 - 20
- Over 20

Approximately what is your agency's total annual budget?

- \$100,000 - \$250,000
- \$251,000 - \$500,000
- \$501,000 - \$750,000
- \$751,000 - \$1,000,000
- Over \$1,000,000

Services

**Geography
(check one)**

- Countywide
- North County
- Mid County
- South County

**Age
(check all that apply)**

- All ages
- Infants / preschool 0 - 5
- Children 6 - 12
- Youth 13 - 17
- Adult 18 and over
- Families

**Special Populations
(check all that apply)**

- Disabled
- Homeless
- Low income
- Substance abuse
- Domestic violence
- Other

What are your program goals / outcomes?

1. _____
2. _____
3. _____

**What services do you provide?
(check all that apply)**

- Advocacy services
- Case management
- Child day / after school care
- Education
- Food services / nutrition
- Health
- Information and referral
- Job training
- Legal services
- Services for the disabled
- Shelter / housing
- Youth development / recreation
- Other (please specify) _____

**Who provides these services?
(check all that apply)**

- Nurse
- Doctor
- Social Worker
- Paraprofessional
- Teacher
- Volunteers
- Intern
- Other

What is your primary service (from list above)?

How many clients does the program serve each year?

- Less than 50
- 51 – 100
- 101 – 200
- 201 – 1,000
- Greater than 1,000

What is the process or criteria by which clients become eligible for the program?

Are referrals needed? Yes No

If yes, who can make referrals for entry into the program (check all that apply?)

- Self
- Schools
- Community-based organizations
- Government agencies
- Other

Evaluation

How do you serve people (check all that apply)?

- One time only
- Referrals
- Ongoing

What information do you collect? (check all that apply)

- Demographic (age, ethnicity, gender, income)
- Issues / barriers / problem statements
- Client outcome data at program exit
- Client satisfaction
- Other

How do you collect the information? (check all that apply)

- Standard forms at intake
- Information at exit
- Matrix
- Client tracking database
- Other

How do you store this information? (check all that apply)

- Case file
- Computerized files / database

Does your agency have a system in place to evaluate the success of its programs and services?

- Yes, for some programs / services
- Yes, for all programs / services
- No

How comfortable are you with conducting outcome evaluation?

- Very comfortable
- Somewhat comfortable
- Not at all comfortable

Have you implemented an outcome evaluation for any of your programs?

- Yes
- No

Have you received training in outcome evaluations?

- Yes
- No

Who in your organization is primarily responsible for evaluation?

_____ (position)

Has this person received any training in evaluation?

- Yes
- No

How does your agency fund evaluation?

- Not funded at all
- Internal funding source (discretionary fund)
- External funding source (grant)
- Other

On a scale of 1 – 5 (with five being the most important), how important is evaluation to the following audiences? (Please circle a number for each audience)

Staff	1	2	3	4	5
Board	1	2	3	4	5
Clients	1	2	3	4	5
Funders	1	2	3	4	5
Potential Sponsors	1	2	3	4	5

What areas of evaluation does your agency need help in? (check all that apply)

- Relating outcomes to agency mission
- Choosing / identifying outcomes to measure
- Identifying indicators for outcomes
- Collecting data
- Analyzing and reporting findings
- Utilizing findings

How would this help best be provided to your agency? (check all that apply)

- On-site consultation to get started / as needed
- Continuous on-site consultation
- Training or work shop with other agencies
- Other

Are you familiar with the evaluation aspects of the California Endowment grant?

- Yes
- No

Funding

Source	Percent of Total	Funding Cycle Start / End Date	Funding Stability
County General Fund:	_____	__-__-__ to __-__-__	<input type="checkbox"/> High <input type="checkbox"/> Med. <input type="checkbox"/> Low
Other County:	_____	__-__-__ to __-__-__	<input type="checkbox"/> High <input type="checkbox"/> Med. <input type="checkbox"/> Low
City:	_____	__-__-__ to __-__-__	<input type="checkbox"/> High <input type="checkbox"/> Med. <input type="checkbox"/> Low
Schools:	_____	__-__-__ to __-__-__	<input type="checkbox"/> High <input type="checkbox"/> Med. <input type="checkbox"/> Low
Federal:	_____	__-__-__ to __-__-__	<input type="checkbox"/> High <input type="checkbox"/> Med. <input type="checkbox"/> Low
State:	_____	__-__-__ to __-__-__	<input type="checkbox"/> High <input type="checkbox"/> Med. <input type="checkbox"/> Low
United Way:	_____	__-__-__ to __-__-__	<input type="checkbox"/> High <input type="checkbox"/> Med. <input type="checkbox"/> Low
Foundation grants:	_____	__-__-__ to __-__-__	<input type="checkbox"/> High <input type="checkbox"/> Med. <input type="checkbox"/> Low
Other:	_____	__-__-__ to __-__-__	<input type="checkbox"/> High <input type="checkbox"/> Med. <input type="checkbox"/> Low