

1997

Massachusetts Service Alliance Site Visit Monitoring Tool

Massachusetts Service Alliance

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**Massachusetts Service Alliance
 Site Visit Monitoring Tool**

Program Name: _____

Date of visit: _____

Directions: Rate each core element statement as it applies to the program.

Use the following key when rating Core Elements

- 3 = The Program fully demonstrates the core element**
- 2 = The Program substantially demonstrates the core element**
- 1 = The Program somewhat demonstrates the core element (unacceptably low)**
- 0 = The Program does not address the core element (unacceptably low)**

Core Elements of Successful Service Programs	0	1	2	3
Organizational Capacity Strategy for staff recruitment, orientation, ongoing training and development. Clear job descriptions. Staff evaluation and grievance procedures. Staff knowledge of national service. Diversity of staff mirrors community in which the program operates. Organizational support of program. Realistic and thoughtful plan for sustainability. Board involvement when appropriate. Workplace standards are met.				
Service Projects Address community assessed needs. Direct and measurable results. Project linked to annual service objectives. Regular member/participant training and safety issues identified, monitored and addressed. Strategic plan for project selection.				
Evaluation and Continuous Improvement All annual objectives recognized by all stakeholders. Formal tracking of progress towards annual objectives. Input from stakeholders is gathered in a structured way throughout the year and is disseminated back to stakeholders. Mechanisms in place to implement changes throughout the year. Third party evaluation done.				
Participant Experience Strategic recruitment strategy. Participants reflect community in which they serve. Participants receive orientation, ongoing training, sufficient supervision, and support. There are structured leadership opportunities. Enrollment and retention rates are collected. Participant evaluation and recognition takes place. Participants know of Massachusetts and national service network.				
Partnerships and Community Assets Key partners feel needs and expectations being met. Partners aware of program's community impact. Formal recognition of partner support. Partners understand how program is part of larger network.				

Massachusetts Service Alliance

Community Based Programmatic Site Visit Monitoring Tool

NAME OF PROGRAM _____

DATE OF VISIT _____

MONITORS(S) _____

Of Participants _____ # At time of visit _____

of terminations to date _____

Are there any outstanding issues that the Alliance has with the program from previous visits and phone conversations? Have they been resolved? What still requires follow-up or corrective action?

Notes for necessary follow-up after site visit:

For first year programs, have all implementation steps been completed? Or, for continuing programs, what changes have been made as a result of lessons learned from previous years?

Technical Assistance Needed

ORGANIZATIONAL CAPACITY

Strategy for staff recruitment, orientation, ongoing training and development. Clear job descriptions. Staff evaluation and grievance procedures. Staff knowledge of national service. Diversity of staff mirrors community in which the program operates. Organizational support of program. Realistic and thoughtful plan for sustainability. Board involvement when appropriate.

- 0 1 2 3 Staff recruitment and hiring is strategic. The recruitment strategy results in a staff that mirrors the community in which the program operates. Staff recruitment and hiring also results in staff with expertise in working with Participant population. Publicity and outreach efforts are innovative and creative (i.e. job postings in multiple languages). Evidence of a thoughtful staff outreach strategy.
- 0 1 2 3 Initial orientation for all staff covers national service history, grant compliance issues, program overview, job roles and responsibilities. All program staff has read the grant proposal and provisions. Staff are familiar with and can articulate the program's annual objectives outlined in the grant.
- 0 1 2 3 Staff has process for and are proficient in managing and documenting the following participant procedures: grievances, injuries, attendance, and tardiness. Staff express confidence in handling any disciplinary actions that may arise.
- 0 1 2 3 Ongoing professional development is offered on a regular basis to all staff.

- 0 1 2 3 Strong organizational support of the program is clearly articulated by program staff. Staff report that host agency offers ample space, resources, and training to program. Program staff report that host agency responds to program's needs in a timely manner.
- 0 1 2 3 Staff morale is high. Organizational staffing pattern is sufficient to administer program. Regularly scheduled staff meetings are held. Staff are given opportunities to give input into program design. Structures are in place to recognize staff contributions. Strong and consistent supervision is provided to staff by supervisors, including regularly scheduled feedback sessions. Methods are in place to prevent low morale and staff burnout.
- 0 1 2 3 Program has a plan in place to recruit and integrate people with disabilities. Accommodations are provided to enable the inclusion of people with disabilities.
- 0 1 2 3 Staff input/feedback is solicited on a regular basis. Staff communication is open, clear and consistent. (Describe structured opportunities staff have to give input into the program.)
- 0 1 2 3 Service Learning is understood by appropriate programmatic staff. Service Learning training is offered to staff or provided during staff orientation.

Total points/# of questions=Core Score _____ / _____ = _____

Additional Information:

Describe how the organization's board of directors is informed of program activities and involved in appropriate decision making.

For youth-focussed programs, do young people serve on the board of directors, advisory board, or staff of the program?

ORGANIZATIONAL CAPACITY

Compliance Checklist

Documentation	Yes	No	Comments
Mission statement available			
Approved annual objectives available			
Job descriptions available			
Staff evaluation documentation			
Grievance procedure			
Drug Free Workplace Policy available			
Grant provisions on file			
Acceptance and Certifications signed and on file			
Award conditions on file			
Proposal on file			
Progress report on file			
Non-discrimination policy on file			
Program amendments on file			
Budget amendments on file			
Liability Coverage			
Appropriate safety training provided			

Any other organizational highlights or particular challenges (i.e. staff turnover)?

Any other service project highlights or particular challenges?

SERVICE PROJECTS

Addresses critical community needs. Direct and measurable results. Project linked to annual service objectives. Participant training and safety issues identified and addressed. Strategic plan for project selection. Community Service Learning is practiced.

0 1 2 3 Service projects address critical community needs as defined by the community. Projects clearly improve the community and produce direct, demonstrable, measurable and tangible results.

0 1 2 3 There is a strategic plan for project selection. Projects are chosen and planned with annual service objectives in mind.

0 1 2 3 Service partners and program staff agree on objectives and participant roles and understand the regulatory limitations of participant activities. Service partner offers all agreed upon on-site resources to participants and program staff. Sufficient supervision is offered to participants and staff on all service projects.

- 0 1 2 3 Short and long term goals and benchmarks are identified to assure that annual service goals are met. If a project is not making sufficient progress towards community service objectives, the program has a clear plan of action to meet the objectives by the end of the year.
- 0 1 2 3 Project and site specific training is offered to staff and participants. Staff and participants receive ongoing training to implement service projects effectively and excellently.
- 0 1 2 3 Service Learning is infused into each service project. Staff members understand and can provide examples of service learning activities completed by participants. Participants spend time reflecting on the service work they are providing using a variety of methods: journal writing, focussed discussions, guest speakers, reflection, etc. Participants gain a deeper understanding of the social, economic, and political issues associated with the service topic/issue.
- 0 1 2 3 Safety issues are identified and monitored and safety training is provided throughout the program year. There is adequate staff to participant ratio.

- 0 1 2 3 Service partner input/feedback is solicited on a regular basis. Communication between program and service partner is open, clear, and consistent. Describe structured opportunities for service partner input/feedback.

Total points/# of questions=Core Score _____ / _____ = _____

EVALUATION/CONTINUOUS IMPROVEMENT

Annual objectives recognized by all stakeholders. Formal tracking of progress towards annual objectives. Input from stakeholders is gathered in a structured way throughout the year and is disseminated back to stakeholders. Evidence of acting on stakeholder feedback. Third party evaluation done (optional).

0 1 2 3 Whom does the program identify as stakeholders?

0 1 2 3 Program has identified the needs of its stakeholders.

0 1 2 3 Appropriate annual objectives (Community Service and Participant Development) are clearly recognized by the appropriate stakeholders.

0 1 2 3 Input from stakeholders is structured and gathered through formal mechanisms throughout the year.

0 1 2 3 Feedback from continuous improvement tools/processes is shared with all identified stakeholders on a regular and consistent basis. Describe how this is done.

0 1 2 3 Program staff are able to demonstrate how they have responded to stakeholder feedback.

0 1 2 3 Program is tracking progress towards its annual **Community Service** objectives using the measurement tools identified in its proposal. Measurement tool is available.

0 1 2 3 Program is tracking progress towards its annual **Participant Development** objectives using the measurement tools identified in its proposal. Measurement tool is available.

Total points/# of questions=Core Score _____ / _____ = _____

EVALUATION/CONTINUOUS IMPROVEMENT

Compliance Check List

Documentation	Yes	No	Comments
Service Objective evaluation tools on file			1. 2. 3. 4.
Participant Development evaluation tools on file			1. 2. 3. 4.

Any other evaluation/continuous improvement highlights or particular challenges?

PARTICIPANT EXPERIENCE

Strategic recruitment strategy. Participants reflect community in which they serve. Participants receive orientation, ongoing training, sufficient supervision and support. There are structured leadership opportunities. Enrollment and retention rates are collected. Participant evaluation and recognition takes place. Participants know of Massachusetts and national service network.

0 1 2 3 Program has strategic recruitment strategy to ensure that participants reflect the demographics of the community in which they are serving. Publicity and outreach efforts are creative, strategic, and innovative.

0 1 2 3 Participants were told of and are aware of the following:

- ◆ Prohibited Activities
- ◆ Reasons for suspension or termination of service
- ◆ Grievance Procedures

- 0 1 2 3 Participants receive a thorough orientation to the program. Participants state orientation informed them of the goals and objectives of the program. Participants have a clear vision of the program and their roles. Describe orientation.
- 0 1 2 3 Program informs participants of national and statewide service network so participants recognize that they are part of a larger community service learning network.
- 0 1 2 3 Participants are able to articulate the mission and general goals of the program (potentially the specific annual objectives) and can describe the program's accomplishments to date.
- 0 1 2 3 Participants receive ongoing training on a regular basis (may be weekly, monthly, or retreats) that enables them to perform high-quality service.
- 0 1 2 3 There are structures in place to recognize participants' achievements (i.e. awards, certificates) made in conjunction with the program and wider community in which they serve.

0 1 2 3 Participants needing special accommodations are given the necessary resources to perform their service successfully.

0 1 2 3 Participants state that they explore issues about themselves, their service, and their community that are raised by their service activities using a variety of methods (i.e. journal writing, discussions, research, artistic expression) to provide a deeper understanding of critical issues involved in their service work.

0 1 2 3 Participants consistently articulate that the service work they are performing is valuable to the community.

0 1 2 3 Participants serve in a variety of structured leadership roles throughout the program.
(Describe opportunities)

0 1 2 3 Strategies and structures are in place to prevent burnout, low morale, and loss of participants
at risk of dropping out.

Number of participants

Number of participants released for cause

Number of participants who have left for compelling personal reasons

0 1 2 3 Participants understand and adhere to the grant's prohibited activities (i.e. fundraising,
lobbying, religious proselytizing etc.)

0 1 2 3 Participants have regular, structured opportunities for input/feedback into the program.

- 0 1 2 3 Participants express a high level of satisfaction with their program. Participants feel their program is meeting their expectations. Participants feel staff treats them fairly and professionally.

Total points/# of questions=Core Score _____ / _____ = _____

PARTICIPANT EXPERIENCE

Compliance Check List

Documentation	Yes	No	Comments
Minimum participant qualifications available	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance/Documentation of service hours	<input type="checkbox"/>	<input type="checkbox"/>	

PARTNERSHIPS AND COMMUNITY ASSETS

Key partners feel needs and expectations are met. Partners are aware of program's community impact. Formal recognition of partner support. Partners understand how the program is part of the larger MA and Community based national network.

0 1 2 3 Partner input/feedback is solicited on a regular and structured basis. Communication between program and service partners is open, clear, and consistent. Describe structured opportunities for service partner input/feedback.

0 1 2 3 Service partners feel their needs and expectations are being met.

0 1 2 3 All partners are able to articulate what the program does. Partners in the community are regularly informed of the program's progress and activities.

0 1 2 3 All partners are aware of and knowledgeable about the program's part in the larger state and national service initiatives.

0 1 2 3 Service partners, community members, and service recipients (if applicable) articulate that the program's services are valuable and have an impact in the community.

0 1 2 3 Ongoing efforts to keep the public and press up to date are documented (i.e. articles, press releases, video clippings) and available at time of visit.

0 1 2 3 Program has identified and utilized community assets to achieve the program objectives. (Describe assets utilized and linkages to program.)

0 1 2 3 Partner support is formally recognized throughout the year.

0 1 2 3 Collaboration with partnering organizations reflects the demographic diversity of the community.

Total points/# of questions=Core Score	_____	/	_____	=	_____
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MASSACHUSETTS SERVICE ALLIANCE

Community-Based Service Learning Programs 1998-1999 Program Year Projected Data

Your responses to the information requested in this form are extremely important to the Alliance. The information you provide below will be used to educate elected officials and the general public on the make up and impact of community-based service learning throughout the Commonwealth during the 1997-1998 program year. Thank you for your efforts.

PROGRAM: _____

PERSON COMPLETING THIS FORM: _____

PARENT ORGANIZATION: _____

ADDRESS: _____

PHONE: _____ FAX: _____

FINANCIAL PROFILE	TOTAL AMOUNT
Projected Sources of Funding:	
• Alliance Federal Funds (Learn and Serve)	
• Federal, Other (please specify)	
• Alliance State Funds	
• State, Other (please specify)	
• Foundations	
• Corporations and Businesses	
• Other (please specify)	
• Total Program Budget	
Cost of Program per participant: Total Program Budget/total participants	

SERVICE RECIPIENT INFORMATION	TOTAL NUMBER
Total # of individuals served (estimate if exact unknown)	
Total # of communities served	
Economically disadvantaged individuals	
Geographic Breakdown:	
• Urban	
• Rural	
• Suburban	
• Mixed (please describe)	

PARTICIPANT INFORMATION	TOTAL NUMBER
Age range of Participants:	
• Under 10yrs.	
• 10-17yr. olds	
• 18-21yr. olds	
• 21-40yr. olds	
• 41-60yr. olds	
• 61+ yr. olds	
Sub-Total	

Racial/Ethnic Breakdown of Participants:	
• White (non-Hispanic)	
• African American	
• Hispanic/Latino	
• Asian/Pacific Islander	
• Native American/Native Alaskan	
• Multi-Racial	
• Other (specify)	
Sub-Total	

Gender Breakdown of Participants:	
• Male	
• Female	
Sub-Total	

Geographic Breakdown of Participants:	
• Urban	
• Rural	
• Suburban	
• Mixed (please describe)	
Sub-Total	

Other Participant Information:	
• Economically disadvantaged *	
• Special Needs	
• Out of school youth	

SERVICE INFORMATION	TOTAL NUMBER
# of Hours per week that the program operates	
# of Days per Week that the program operates	
# of Weeks per Year that the program operates	
# of Hours per Year spent on Special Events	
PROGRAM HOURS PER YEAR	
A. Total # of participants' direct service (direct service hours are defined as time actually engaged in service projects) (ex: # of participants x # of service hours per participant) (4 participants x 70 service hours = 280 total service hours)	
B. Total # of hours spent in preparation for service (training and site preparation time) (4 participants x 20 preparation hours = 80 total prep. hours)	
C. Total # of hours spent in reflection and recognition activities (4 participants x 20 reflection hours = 80 total reflection hours)	
Total # of all program hours (A+B+C)	

DIRECT SERVICE HOURS BY ISSUE AREA	
<ul style="list-style-type: none"> • Education ex. : tutoring ESL / 200 hours per year Service Provided: _____ 	
<ul style="list-style-type: none"> • Human Needs ex.: food distribution/400 hrs per year Service Provided: _____ 	
<ul style="list-style-type: none"> • Public Safety ex.: 2 anti-violence wksp/8 hrs per year Service Provided: _____ 	
<ul style="list-style-type: none"> • Environment ex.: clean-up 5 parks / 40 hrs per year Service Provided: _____ 	
Other (please specify) Service Provided: _____	
TOTAL DIRECT SERVICE HOURS (should equal A from above)	

MASSACHUSETTS SERVICE ALLIANCE

Community-Based Service Learning Programs 1998-1999 Program Year Projected Data

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PERSON COMPLETING THIS FORM: _____

PARENT ORGANIZATION: _____

ADDRESS: _____

PHONE: _____ FAX: _____

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• Federal, Other (please specify)	
• Alliance State Funds	
• State, Other (please specify)	
• Foundations	
• Corporations and Businesses	
• Other (please specify)	
• Total Program Budget	
Cost of Program per participant: Total Program Budget/total participants	

SERVICE RECIPIENT INFORMATION	TOTAL NUMBER
Total # of individuals served (estimate if exact unknown)	
Total # of communities served	
Economically disadvantaged individuals	
Geographic Breakdown:	
• Urban	
• Rural	
• Suburban	
• Mixed (please describe)	

PARTICIPANT INFORMATION	TOTAL NUMBER
Age range of Participants:	
• Under 10yrs.	
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• 21-40yr. olds	
• 41-60yr. olds	
• 61+ yr. olds	
Sub-Total	

Racial/Ethnic Breakdown of Participants:	
• White (non-Hispanic)	
• African American	
• Hispanic/Latino	
• Asian/Pacific Islander	
• Native American/Native Alaskan	
• Multi-Racial	
• Other (specify)	
Sub-Total	

Gender Breakdown of Participants:	
• Male	
• Female	
Sub-Total	

Geographic Breakdown of Participants:	
• Urban	
• Rural	
• Suburban	
• Mixed (please describe)	
Sub-Total	

Other Participant Information:	
• Economically disadvantaged *	
• Special Needs	
• Out of school youth	

SERVICE INFORMATION	TOTAL NUMBER
# of Hours per week that the program operates	
# of Days per Week that the program operates	
# of Weeks per Year that the program operates	
# of Hours per Year spent on Special Events	
PROGRAM HOURS PER YEAR	
A. Total # of participants' <i>direct service</i> (direct service hours are defined as time actually engaged in service projects) (ex: # of participants x # of service hours per participant) (4 participants x 70 service hours = 280 total service hours)	
B. Total # of hours spent in <i>preparation</i> for service (training and site preparation time) (4 participants x 20 preparation hours = 80 total prep. hours)	
C. Total # of hours spent in <i>reflection and recognition</i> activities (4 participants x 20 reflection hours = 80 total reflection hours)	
Total # of all program hours (A+B+C)	

DIRECT SERVICE HOURS BY ISSUE AREA	
<ul style="list-style-type: none"> • Education ex. : tutoring ESL / 200 hours per year Service Provided: _____ 	
<ul style="list-style-type: none"> • Human Needs ex.: food distribution/400 hrs per year Service Provided: _____ 	
<ul style="list-style-type: none"> • Public Safety ex.: 2 anti-violence wksp/8 hrs per year Service Provided: _____ 	
<ul style="list-style-type: none"> • Environment ex.: clean-up 5 parks / 40 hrs per year Service Provided: _____ 	
Other (please specify) Service Provided: _____	
TOTAL DIRECT SERVICE HOURS (should equal A from above)	

New York State Corps Collaboration

Form G1-A: Environmental Protection and Conservation Projects

Site Name:

Reporting period: 3/1/98 – 9/30/98 (pilot) 10/1/98 – 12/31/98 1/1/99 – 3/31/99 4/1/99 – 9/30/99

Date: Individual(s) completing this form:

Instructions: Please complete one form for each major project.

Project Name and Description <i>What were the project activities?</i>	Outcome(s) Achieved <i>What changed because of this project? (please check all that apply)</i>	Level of Success Achieved <i>How much change occurred? E.g. please quantify the outcomes.</i>	Measure <i>What were the main components of your system for measuring outcomes?</i>
Project Name: _____ _____ _____ Description: _____ _____ _____ _____ _____ _____ _____ Number of Beneficiaries: _____	<input type="checkbox"/> Land was restored /conserved/improved. Please explain what the project changed about the land: _____ _____ _____ _____ <input type="checkbox"/> Use of park / natural area increased. <input type="checkbox"/> Other outcome occurred: _____	Amount of land: _____ or Miles of trail: _____ or Miles of waterway: _____ or _____ Increase in number of individuals per year : Total: _____ Percent: _____ Amount: _____	What method did you use to measure your level of success? E.g. survey, test, focus group, observation, log, etc. _____ Who completed the instrument(s)? _____ _____ Any other comments on your system for measuring? E.g. sampling design, challenges. _____ _____ _____ _____

New York State Corps Collaboration

Form G1-B/Ed: Environmental Education Projects

Site Name:

Reporting period: 3/1/98 – 9/30/98 (pilot) 10/1/98 – 12/31/98 1/1/99 – 3/31/99 4/1/99 – 9/30/99

Date: Individual(s) completing this form:

Instructions: Please complete one form for each major project.

Project Name and Description <i>What were the project activities?</i>	Outcome(s) Achieved <i>What changed because of this project? (please check all that apply)</i>	Level of Success Achieved <i>How much change occurred? E.g. please quantify the outcomes.</i>	Measure <i>What were the main components of your system for measuring outcomes?</i>
Project Name: _____ _____ _____ Description: _____ _____ _____ _____ _____ _____ _____ Number of Beneficiaries: _____	<input type="checkbox"/> Individuals increased their knowledge of preservation and promotion of sustainable local and neighborhood environments. Please describe type of knowledge. _____ _____ <input type="checkbox"/> Individuals increased their commitment to preservation and promotion of sustainable local and neighborhood environments. _____ _____ <input type="checkbox"/> Other outcome occurred: _____	How many individuals increased their knowledge? Total: _____ Percent: _____ By how much? _____ How many individuals increased their commitment? Total: _____ Percent: _____ By how much? _____ Amount: _____	What method(s) did you use to measure your level of success? E.g. survey, test, focus group, observation, log, etc. _____ _____ Who completed the instrument(s)? _____ _____ Any other comments on your system for measuring? E.g. sampling design, challenges. _____ _____ _____ _____

