Minnesota YouthWorks AmeriCorps Sample Data Collection tools

Minnesota YouthWorks AmeriCorps

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Minnesota YouthWorks: AmeriCorps Sample Data Collection tools
# TOOL FACT SHEET

**Name of tool:** All After-School Form  
**Designed by:** Becky & Linda Gilsdorf  
**Program:** Future Force  
**Program Director:** Don Luna  
**E-Team Facilitator:** Becky Matter

| 1. Which objective(s) does it address (write out full objective): | • Members will tutor 200 students in after school programs resulting in improved academic performance, as measured by site supervisor feedback  
• Members will develop conflict resolution/peer mediation programming resulting in reduction of incidents of disruptive and violent behavior, as measured by site supervisor feedback |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. What internal program improvement does it address:</td>
<td>Collects feedback on dependability of members, what member services are utilized and provides an opportunity for site supervisors to provide additional comments to help improve the program.</td>
</tr>
<tr>
<td>3. Who administers it:</td>
<td>Members are responsible for administering forms to site supervisors and collecting completed forms to return to FF staff</td>
</tr>
<tr>
<td>4. Who is the subject of study:</td>
<td>Feedback is collected on members and children receiving service</td>
</tr>
</tbody>
</table>
| 5. What does it measure: | • Overall site supervisor satisfaction with FF service  
• What types of services provided  
• Site supervisor perceptions of FF levels of contribution to improving student academic performance and behavior |
| 6. Time Frame: | Form is administered each quarter (3x/year), at least one month prior to progress report due date |
| 7. Who analyzes the information: | FF staff aggregates data and calculates percentages |
| 8. What kind of results did/does it yield: | % of site supervisors responding at particular/ranges of satisfaction levels  
% of site supervisor using 6 different types of services |
| 9. Limitations of Tool (What is this tool NOT appropriate for?—e.g. specific age groups): | Data collected is based on site supervisor perceptions, which is not sufficient to measure outcomes. It does not provide longitudinal data on children’s’ performance since individual students are not tracked. |
| 10. Recommendations on how to make the tool effective: | • Provide two weeks for site supervisors to respond.  
• Inform site supervisors of their responsibility in evaluation at beginning of year |
FUTURE FORCE
All Teacher Form
[Image 0x0 to 612x792]

Corps Member _______________________
School/Site _______________________
Teacher/Site Supervisor _______________________
Date _______________________

*Please return by May 21*

Please complete the following questions and feel free to add any additional comments on the back of this form. This information will be used to improve the Future Force program.

1. Overall satisfaction with Future Force service?
   - Excellent
   - Satisfactory
   - Needs Improvement
   5  4  3  2  1

2. Dependability of Future Force Members at school?
   - Excellent
   - Satisfactory
   - Needs Improvement
   5  4  3  2  1

3. How have you utilized services of the Future Force Member in your class? (Check all that apply)
   - Tutoring:
     - Drop-in tutoring
     - One-on-one
     - TESOL tutoring
     - Small-group
     - Conflict resolution mediation
     - Monitor recess/lunch
     - Developing new curriculum
     - Presenting classroom material

Please rate the Future Force member's contribution to your class in the following areas:

4. Improving students' academic performance
   - Excellent
   - Satisfactory
   - Needs Improvement
   5  4  3  2  1

5. Improving individual students' behavior
   - Excellent
   - Satisfactory
   - Needs Improvement
   5  4  3  2  1

6. Improving overall classroom behavior
   - Excellent
   - Satisfactory
   - Needs Improvement
   5  4  3  2  1

7. Please describe specific contributions that the Future Force member has made in your classroom. Share your favorite examples.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Please share any additional feedback on the back of this form.

Thank you for your feedback.

NSLC
c/o ETR Associates
4 Carbonero Way
Scotts Valley, CA 95066
Instructions for the

SERVICE-LEARNING ACTIVITY SURVEY

If the Member serving with your organization spends at least 25% of her or his time coordinating service-learning activities with the goal of helping participants to gain an increased knowledge of community needs, increase their interpersonal or communication skills, and/or enhance their commitment to community service, you should complete this survey. If not, do not complete this form, your organization addresses a different program objective.

Who should complete this survey? For each organization, the individual who has the best knowledge of the information needed should complete the survey. For example, if a Member were doing in-school tutoring, a teacher would probably be the most appropriate respondent. In some cases, the Member may be the most knowledgeable individual.

What information is needed to complete it? In order to complete this survey, you will need to collect both output and outcome information. The outputs refer to the numbers of individuals served and the types of activities completed. The outcomes refer to the changes seen in the clients your organization serves. In this case, we are interested in knowing if those who participate in service-learning activities actually increase their knowledge of community needs, interpersonal or communication skills, and/or enhance their commitment to community service.

What should I do with it when finished? When the survey is completed, it should be returned the AmeriCorps Director(s) in your cluster.

How will the information be used? The information you give to your cluster Director will be analyzed with the rest of the surveys from your cluster. This information will be send on to Denise Fogarty who will aggregate the information from all 3 clusters and compile the AC-SMN report. In addition to reporting, the information will be used for the purpose of program improvement and public relations.

What if I have a question? If you have a question, please contact the Director(s) for your cluster. If additional assistance is needed they will contact either Denise Fogarty, Program Officer or Theresa Donohue, U of MN Evaluation Facilitator.
AmeriCorps-Southern Minnesota

SERVICE-LEARNING ACTIVITY SURVEY

This survey is designed specifically for AmeriCorps-Southern Minnesota community partner sites that have Members who spend at least part of their time coordinating service-learning activities. Please answer the following questions for the first reporting period. Your contribution is critical to the success of our program. We appreciate the time you are taking to provide us with this important information. THANK YOU!

<table>
<thead>
<tr>
<th>Name:</th>
<th>Community Partner Site:</th>
<th>Member:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reporting Period:</th>
<th>Cluster:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First (9/99-11/99)</td>
<td>Rochester</td>
<td>Mankato</td>
<td>Winona</td>
</tr>
<tr>
<td>Second (12/99-8/00)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. How many service-learning activities were coordinated by the Member serving at your site during the current reporting period (9/99-11/99)?

2. How many individuals participated in the service-learning activities coordinated by the Members?

### Part I. For each service-learning activity coordinated by the Member(s), please answer the following questions:

1. Date of SL Activity:
2. Number of Participants:
3. Age Range of Participants:
4. Check the box that best describes the focus area of the SL activity:
   - Natural and Environmental Care
   - Sensitivity to and Appreciation of Diversity
   - Other: __________________________
5. Describe the SL activity in more detail:

6. Number of participants who completed a survey about the impact of the SL activity:
7. Number of participants who reported and increased knowledge of community needs:
8. Number of participants who reported an increase in interpersonal or communication skills:
9. Number of participants who reported an increased commitment to community service:
<table>
<thead>
<tr>
<th>1. Date of SL Activity:</th>
<th>2. Number of Participants:</th>
<th>3. Age Range of Participants:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Check the box that best describes the focus area of the SL activity:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural and Environmental Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to and Appreciation of Diversity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: ______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Describe the SL activity in more detail:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 6. Number of participants who completed a survey about the impact of the SL activity: |
| 7. Number of participants who reported and increased knowledge of community needs: |
| 8. Number of participants who reported an increase in interpersonal or communication skills: |
| 9. Number of participants who reported an increased commitment to community service: |

1. Date of SL Activity: |
2. Number of Participants: |
3. Age Range of Participants: |
4. Check the box that best describes the focus area of the SL activity: |
| Natural and Environmental Care |
| Sensitivity to and Appreciation of Diversity |
| Other: ______________________ |
| 5. Describe the SL activity in more detail: |

| 6. Number of participants who completed a survey about the impact of the SL activity: |
| 7. Number of participants who reported and increased knowledge of community needs: |
| 8. Number of participants who reported an increase in interpersonal or communication skills: |
| 9. Number of participants who reported an increased commitment to community service: |

1. Date of SL Activity: |
2. Number of Participants: |
3. Age Range of Participants: |
4. Check the box that best describes the focus area of the SL activity: |
| Natural and Environmental Care |
| Sensitivity to and Appreciation of Diversity |
| Other: ______________________ |
| 5. Describe the SL activity in more detail: |

| 6. Number of participants who completed a survey about the impact of the SL activity: |
| 7. Number of participants who reported and increased knowledge of community needs: |
| 8. Number of participants who reported an increase in interpersonal or communication skills: |
| 9. Number of participants who reported an increased commitment to community service: |
Part II. Additional Qualitative information.

10. Please share your personal observations or meaningful success stories about how the service of the AC Member is benefiting individuals and/or the community served by your organization.

11. Additional Comments:
Instructions for the

INDEPENDENT LIVING SURVEY

If the Member serving with your organization spends at least 25% of her or his time helping to increase or maintain independent living for youth and adults you should complete this survey. If not, do not complete this form, your organization addresses a different program objective.

<table>
<thead>
<tr>
<th>Who should complete this survey?</th>
<th>For each organization, the individual who has the best knowledge of the information needed should complete the survey. For example, if a Member were doing in-school tutoring, a teacher would probably be the most appropriate respondent. In some cases, the Member may be the most knowledgeable individual.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What information is needed to complete it?</td>
<td>In order to complete this survey, you will need to collect both output and outcome information. The outputs refer to the numbers of individuals served and the types of activities completed. The outcomes refer to the changes seen in the clients your organization serves. In this case, we are interested in knowing if those you serve have improved their lives in the areas of financial independence, affordable housing and/or basic skills.</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>What should I do with it when finished?</td>
<td>When the survey is completed, it should be returned the AmeriCorps Director(s) in your cluster.</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>How will the information be used?</td>
<td>The information you give to your cluster Director will be analyzed with the rest of the surveys from your cluster. This information will be send on to Denise Fogarty who will aggregate the information from all 3 clusters and compile the AC-SMN report. In addition to reporting, the information will be used for the purpose of program improvement and public relations.</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>What if I have a question?</td>
<td>If you have a question, please contact the Director(s) for your cluster. If additional assistance is needed they will contact either Denise Fogarty, Program Officer or Theresa Donohue, U of MN Evaluation Facilitator.</td>
</tr>
</tbody>
</table>
This survey is designed specifically for AmeriCorps-Southern Minnesota community partner sites that focus on increasing or maintaining independent living for youth and adults. Please answer the following questions for the first reporting period. Your contribution is critical to the success of our program. We appreciate the time you are taking to provide us with this important information. THANK YOU!

<table>
<thead>
<tr>
<th>Community Partner Site</th>
<th>Site Supervisor</th>
<th>Member(s):</th>
</tr>
</thead>
</table>

**Reporting Period:**
- First (9/99-11/99)
- Second (12/99-8/00)

**Cluster:**
- Rochester
- Mankato
- Winona

### Section I. Based on your records, please answer the following questions as accurately as possible.

1. (a) Please select the category which best describes the clients your organization serves:
   - Individuals with limited English skills
   - Individuals with Disabilities
   - Individuals in need of Shelter and/or Housing
   - Individuals in need of Public Health and/or Safety education
   - Senior Citizens
   - Other:

(b) If necessary, list other defining characteristics of the population your organization serves:

2. (a) Which of the following activities does your Member(s) do for your organization (check as many as apply):
   - Conducts educational workshops
   - Provides referral information
   - Provides basic care services
   - Other: _____________

(b) Describe the service of your Member(s) in more detail:

3. How many individuals have been provided educational workshops, referral information or basic care services by the Member(s) serving with your organization?

4. Of those served, how many were asked whether they believe their lives have improved in the areas of financial independence, securing affordable housing or basic living skills as a result of these services?

5. Of those asked, how many reported an improvement in the areas of financial independence, securing affordable housing or basic living skills as a result of these services?

6. Describe the method(s) used to collect this information (if possible, attach a copy of the evaluation tool).
Section II. Additional Qualitative Information

7. Please share your personal observations or meaningful success stories about how the service of the AC Member is benefiting individuals and/or the community served by your organization.

8. Additional Comments:
TOOL FACT SHEET

1. Name of tool/method:
Tutoring Survey

2. Designed by:
Katie Rentel, U of M Evaluation Team and Liz Valdez, Crookston Impact, modified from sample survey in STAR toolkit

3. Program/Program Director:
Crookston IMPACT  Director: Liz Valdez

4. E-Team Facilitator:
Katie Rentel

5. Which objective(s) does it address (write out full objective):
GTD #1
Members will tutor 200 students in grades 4-12 in 1-1 and group settings in core subject areas to increase school success. Using indicators of improved grades and homework completion, 50% of those students will report through opinion surveys that, as a result of working with the Members, they have better grades and complete more school work on time than before working with a Member.

6. What internal program improvement does it address:
Looks at impact of tutoring on students' grades, effectiveness of tutor, homework completion, from students' perspective

7. Who administers it (e.g. members give survey to service recipient or teacher uses it to assess impact of tutoring on student):
Members give survey to the students that the tutor on a regular, ongoing basis; once per trimester

8. Who is the subject the tool will be used with:
students that are tutored by members on a regular, ongoing basis

9. What does it measure:
Measures students' opinions about whether tutoring has improved the following indicators: their grades, attitude toward school, work completed, classroom participation.

10. Time Frame/How often is it administered (quarterly, end of year, beginning of year, etc.):
Administered once a trimester or whatever the grading period of school calendar that best coincides with progress reporting

11. Who analyzes the information (e.g. analysis worksheets, computer programs...)?
Director tallies totals for quarterly reports on excel spreadsheet

12. What kind of results did/does it yield:
Gives percentages of students who report results in categories mentioned in #11 above.

13. Limitations of Tool (What is this tool NOT appropriate for? E.g. specific age groups):
Must be used with students who can already read; younger students need to have the survey read to them by individual
It is based on student opinions of the indicators, no other methods used to check or corroborate student opinions such as teacher assessment or tracking grades or homework
14. **Recommendations on how to make the tool effective:** (for example, have members trained on how to administer tool, include instruction sheet and give the teachers 2 weeks to respond)

Members should be trained on how to administer the survey. Site supervisors need to be oriented about the survey and need to facilitate time and space to do it. A schedule of when the survey will be given should be established at beginning of school year. Pilot the survey with a few classes ahead of time if possible.
Crookston IMPACT AMERICORPS
Tutoring Survey

Please circle your answer to the questions below about the tutoring you have received from an AmeriCorps Member. Thank you.

1. Has the tutoring helped you understand your school work better?  
   - YES  - NO

2. Do you like school any better since having a tutor?  
   - YES  - NO

3. Would you recommend an AmeriCorps tutor to a friend?  
   - YES  - NO

4. Would you use an AmeriCorps tutor next year if you could?  
   - YES  - NO

5. Has the tutoring helped you get better grades?  
   - YES  - NO
   If yes, please give an example of how tutoring helped your grades:

---

How much has your tutor helped you with the following things?

<table>
<thead>
<tr>
<th></th>
<th>DIDN'T WORK WITH TUTOR AT ALL</th>
<th>NOT A LITTLE</th>
<th>SOME</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Getting your school work done on time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Helping you to study for tests</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Getting better grades</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Encouraging you to participate more in class activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Listening when you need someone to talk to about personal problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

---

Adapted from Students Offering Service in conjunction with STAR YWAC Evaluation Team, CEESL, UofM, & Crookston Impact, 5/16/99
TOOL FACT SHEET

1. Name of tool/method:
   Daycare, HeadStart, Kindergarten Supervisor Evaluation Form

2. Designed by:
   Katie Rentel, U of M Evaluation Team

3. Program/Program Director:
   Crookston IMPACT Director: Liz Valdez

4. E-Team Facilitator:
   Katie Rentel

5. Which objective(s) does it address (write out full objective):
   GTD #2
   Members will tutor 200 pre-school and kindergarten children in 1-1 and group settings in school readiness skills. Teachers will report that 50% of those children showed development in teacher defined indicators of social competence, self-help, language, & cognitive skills as a result of working with the Members.

6. What internal program improvement does it address:
   Helps program answer objective, helps program to see whether kinds of activities members do in the site so could be used to inform training.

7. Who administers it (e.g. members give survey to service recipient or teacher uses it to assess impact of tutoring on student):
   Members have site supervisors (teachers) fill out the form.

8. Who is the subject the tool will be used with: teachers and children receiving service.

9. What does it measure:
   Measures: the number of children who have gained skills or shown development in the four target areas named in the objective, the kind of activities children are receiving service in

10. Time Frame/How often is it administered (quarterly, end of year, beginning of year, etc.):
    Administered once per reporting period

11. Who analyzes the information (e.g. analysis worksheets, computer programs...)?
    Director calculates totals for progress reports

12. What kind of results did/does it yield:
    See #9 above

13. Limitations of Tool (What is this tool NOT appropriate for? E.g. specific age groups):
    This survey is not a direct measure of the children’s skills as a result of Member tutoring because it is asks for the teacher’s perception and recollection only.
    It is a snapshot at one point in time and does not show change over time.

14. Recommendations on how to make the tool effective: (for example, have members trained on how to administer tool, include instruction sheet and give the teachers 2 weeks to respond)
    Teachers should be trained on how to use the survey and should understand that they should be watching for evidence of the effect of Members’ tutoring.
IMPACT YouthWorks AmeriCorps has partnered with your site to provide assistance with educational activities and basic care for children aged 0-5 years. The intended goal was for Members to help children to develop their language, cognition, self help, and social skills. Please evaluate to the best of your knowledge the impact that the Member(s) you supervise has/have had on the children at your site. Thank you.

**SAMPLE:**

How many children benefited from the Member’s assistance in these areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children developed self help skills working with the Member</td>
<td>3</td>
</tr>
</tbody>
</table>

(please write a NUMBER, NOT a word like ALL)

Please give some examples of self help skills you observed the CHILDREN develop:

- All three children learned to wash their hands before and after meals.

---

**How many children benefited from the Member’s assistance in these areas?**

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Number of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>children developed self help skills through working with the Member</td>
<td></td>
</tr>
<tr>
<td>Please give some examples of self help skills you observed the CHILDREN develop:</td>
<td></td>
</tr>
<tr>
<td>children experienced language development working with the Member</td>
<td></td>
</tr>
<tr>
<td>Please give some examples of language development you observed in the CHILDREN:</td>
<td></td>
</tr>
<tr>
<td>children experienced cognitive development working with the Member</td>
<td></td>
</tr>
<tr>
<td>Please give some examples of cognitive development you observed in the CHILDREN:</td>
<td></td>
</tr>
<tr>
<td>children experienced social competence working with the Member</td>
<td></td>
</tr>
<tr>
<td>Please give some examples of social competence you observed in the CHILDREN:</td>
<td></td>
</tr>
</tbody>
</table>

Please use the other side of this form to make any other comments regarding the impact of Members’ service in at your site.
TOOL FACT SHEET

1. Name of tool/method:
   Recreational and Enrichment Activities Survey (GTD #3)

2. Designed by:
   Liz Valdez, Crookston IMPACT, Katie Rentel, U of M Evaluation Team

3. Program/Program Director:
   Crookston IMPACT
   Director: Liz Valdez

4. E-Team Facilitator:
   Katie Rentel

5. Which objective(s) does it address (write out full objective):
   GTD #3
   Members will facilitate after school and summer recreational enrichment activities for 100 youth in order to promote participation in positive social activities and reduce participation in behaviors such as vandalism, drug/alcohol use, loitering, fighting or staying home alone. At least 30% of the participating youth will identify themselves as a youth of diverse cultural background or a youth with one or more risk factors. 50% of all youth will report in surveys that they attend the activities instead of participating in one or more of the negative behaviors mentioned above.

6. What internal program improvement does it address:
   Helps program to check on what kinds of youth are participating and why they participate in sponsored activities to better shape program training, focus, implementation of the enrichment activities.

7. Who administers it (e.g. members give survey to service recipient or teacher uses it to assess impact of tutoring on student):
   Members administer this survey to youth attending the activities at the end of the quarter.

8. Who is the subject the tool will be used with: youth who are attending the rec and enrichment activities

9. What does it measure:
   Measures: demographics about participants, why and how often they attend activities, what they would be doing otherwise.

10. Time Frame/How often is it administered (quarterly, end of year, beginning of year, etc.):
    Administered once per reporting period.

11. Who analyzes the information (e.g. analysis worksheets, computer programs...)?
    Director calculates totals for progress reports.

12. What kind of results did/does it yield:
    See #9 above.

13. Limitations of Tool (What is this tool NOT appropriate for? E.g. specific age groups):
    Must be used with kids old enough to read. The racial ethnic categories are not clearly distinguished so the information given is ambiguous (e.g. someone could pick biracial but there is no way to know what that means to the person; Hispanic is not clearly agreed upon as a racial category or an ethnic category here it is used as a racial category).
It's long. This is designed to be administered once per reporting period, but because the activities are drop-in activities, it is difficult to guarantee that the youth who fill out the survey will have attended the activity for a consistent period of time to answer the survey. This survey does not show any change over time; it is a one time snapshot.

**14. Recommendations on how to make the tool effective:** (for example, have members trained on how to administer tool, include instruction sheet and give the teachers 2 weeks to respond)

Program should keep accurate attendance logs to see which youth are attending regularly enough to fill out survey.

Members should be trained on administering the survey.
1) Age____ 2) I am in grade: 3 4 5 6 7 8 9 10 11 12 Graduated  Dropped out
3) What month did you first attend this activity? (Please circle)
   Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Dec

4) Please circle the ONE which comes closest to describing how you identify yourself
   Black American Indian White Asian Hispanic Bi-Racial Other

Please check the answers to the following statements or questions. Check only ONE.
5) I drink alcohol:  □ daily □ weekly □ monthly □ once or twice in my life □ never
6) I use illegal drugs □ daily □ weekly □ monthly □ once or twice in my life □ never
7) In school, I mostly get  □ A's □ B's □ C's □ D's □ F's
8) I live with only one parent. □ YES □ NO
9) I live with two parents □ YES □ NO
10) I get a free or low cost lunch at school □ YES □ NO

11) Why do you attend this activity? (Check all that apply to you)
   □ it's fun □ there's nothing else to do □ it's free □ it's a safe place to be
   □ I like the activities □ to be with my friends □ other______________________

12) How often do you attend this activity?
   □ daily □ weekly □ every other week □ monthly □ less than once a month

Please answer each question below:
13) Does participating in this activity reduce your involvement in...
    Yes No
   a. Using drugs?
   □ □
   b. Using alcohol?
   □ □
   c. Fighting?
   □ □
   d. Vandalism (breaking into places, graffiti, destroying property)?
   □ □
   e. Gang activities?
   □ □
   f. Just hanging out doing nothing?
   □ □
   g. Staying home alone?
   □ □
   h. Watching TV?
   □ □
14) If you weren't participating in this activity, what would you probably be doing during those times?

15) What other activities are you involved in? (Check ALL that you are involved in)
- [ ] none
- [ ] sports
- [ ] tutoring programs
- [ ] music band
- [ ] Open Gym
- [ ] 4-H
- [ ] Girl Scouts
- [ ] Boy Scouts
- [ ] Community Education class
- [ ] Parks & Rec activities
- [ ] other [ ]

16) If you aren't involved in any other activity, why are you involved in this activity?
**DATE**

**NAME OF TOOL**  AMERICORPS PRE-SCHOOL/DAYCARE SURVEY

**DESIGNED BY**  Cindy Brey (with assistance from Khanh Nguyen)

**PROGRAM DIRECTOR**  Cindy Brey

**E-TEAM FACILITATOR**  Khanh Nguyen

| WHICH OBJECTIVE(S) DOES IT ADDRESS |
| Members will facilitating approximately 300 Head Start and Pre-School children (ages 2-5) in their learning of social and functional skills. Through teacher assessed surveys of all students, students will demonstrate a 20 percent increased by year-end, in AT MINIMUM, three (3) indicators within the domains of social skills development and functional skill acquisition relative to the baseline standard set forth. |

| WHAT INTERNAL PROGRAM IMPROVEMENT DOES IT ADDRESS |
| Comprehensive sampling allows us to better approximate a more accurate to aggregate number of students directly served by students. In addition, this provides teachers and schools with information as to A/C members impact in their classrooms. Finally, MN SERV can see the general distribution of students' skills and abilities (gathered in the 1st application of the survey) and thus can tailor members training to better address level and severity of students' needs for the current year. |

| WHO ADMINISTERS INSTRUMENT |
| Cindy Brey mails out surveys to site coordinators. These coordinators hand surveys out to Members. Members then go to teachers and together both complete the forms. Site coordinators are responsible for members turning in surveys. Program director is responsible for ensuring that site coordinators collect and turn in surveys to her. |

| WHO IS THE SUBJECT OF TOOL USE |
| Teachers are asked to assess all students within their classroom. Thus while this instrument does not individual track students, it does ask for individual assessment (in aggregate form) of all students within a classroom. |

| WHAT DOES THE TOOL MEASURE |
| The survey measures a number of student skill and performance indicators in the areas of functional skills, social interaction and basic academic abilities and habits. |

| TIMEFRAME AND HOW OFTEN TOOL IS ADMINISTERED |
| In 1998-1999, the survey was administered three times throughout the school year. Thus during the months of December, February and May. For the 1999-2000 school year, we are planning on administering this instrument during the months of September (for true baseline data), December (right before mid-year holidays) and May (end-of-year). |

| WHO ANALYZES THE DATA |
| Khanh Nguyen and Cindy Brey. As Cindy and MN SERV staff learn more about data analysis, more and more of this will be turned over to them. |

| WHAT KINDS OF RESULTS DID/DOES IT YIELD |
| The survey has a number of indicators scored on a 6-point Likert scale. These scores are tallied and descriptive analysis completed. Descriptive analysis allows presentation of student performance in a number of ways: percentages of student meeting set performance/ability baseline, the average scores of students increasing/decreasing within scores. What type of results will be utilized will be determined during each data analysis occasion. |

| LIMIT OF TOOL |
| This survey has been extensively piloted with typical classrooms, therefore it does not specifically address the needs/abilities of special needs students (e.g., ethnic, special education, ESL, etc.). This survey, although it collects individual data on all students, collects it at the aggregate level of the classroom and therefore does not track individual students. Finally, teachers are asked to assess all students, including those who may or may not have work directly with A/C members. The design of the instrument is to gauge student aggregate classroom performance and from this, infer A/C members' impact as one aspect of student increased performance. |

| RECOMMENDATIONS |
| This survey was designed to address specific data collection and evaluation constraints present within the MN SERV program. These constraints included the transient nature of MN SERV program components (e.g., the A/C member population, the participating schools and teachers, the transient nature of partner sites); the huge geographic sprawl of the program (i.e., throughout the state) and the limited time and resources that could be committed to evaluation and evaluation training. |
AmeriCorps Pre-School/Day Care End-of-Year Survey - 1998-99 Program Year

Please complete all items

Teacher & Member should complete ONE survey form for each classroom to which the member is assigned.

Program Info:

<table>
<thead>
<tr>
<th>YWA Member Name:</th>
<th>Prog. Coordinator/site:</th>
<th>Date:</th>
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</table>

School/classroom Information:

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<thead>
<tr>
<th>Organization's Name:</th>
<th>City:</th>
<th>Teacher:</th>
<th>Teacher Phone No. (optional)</th>
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This organization is a: day care preschool Head Start No. of children attending: _________

Indicate the number of children in each age category: 0-2 yrs 3 yrs. 4 yrs. 5 yrs.

DEMOGRAPHICS: Directions - Indicate the number of children, for this class, in each category

Please identify special services children are receiving:

- Caucasian
- Asian or Pacific Islander
- African-American
- American Indian/Native
- Hispanic/Latino
- Other

Typically, the member will work in this type of situation (check all that apply):

- 1 of 1 tutoring
- 2-5 small group
- 6-14 large group
- whole class
- co-facilitate classes

in each category that best describes this class.

EXAMPLE: There are 20 students in the class

Quest. 4. Ability to complete assigned tasks:

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<tr>
<th>Improvement Needed</th>
<th>Adequate to exemplary</th>
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Sections 1-4: According to your records and your observations, this class exhibits the following in:

I. Academic Habits

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II. Interpersonal Skills

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III. Social Skill Development

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IV. Academic Skills: the academic levels in reading and math are:

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Teacher: Please explain the benefit of having an AmeriCorps Member this year and why you would want or need an AmeriCorps Member in your classroom next year?

Teacher Signature: ___________________  Member Signature: ___________________
TOOL FACT SHEET

1. Name of tool/method:
   Counting Beneficiaries

2. Designed by:
   Katie Rentel, U of MN Evaluation Team

3. Program/Program Director:
   Crookston IMPACT       Director: Liz Valdez

4. E-Team Facilitator:
   Katie Rentel

5. Which objective(s) does it address (write out full objective):
   None. It is used to find out the different major activities a member does at the site.

6. What internal program improvement does it address:
   It is used to help director or staff “map” out programs activities to see what members are doing and how or whether that links to the program objectives. This was used to help create a program logic model.

7. Who administers it (e.g. members give survey to service recipient or teacher uses it to assess impact of tutoring on student):
   Members fill it out (can be filled out with site supervisor) and give to Director.

8. Who is the subject the tool will be used with:
   Members and Site Supervisors

9. What does it measure:
   It is used to find out and describe the different major activities a member does at the site.

10. Time Frame/How often is it administered (quarterly, end of year, beginning of year, etc.):
    Minimum: once at the beginning of the year. Can be done once per quarter or as the member’s assignment or the program’s activities change.

11. Who analyzes the information (e.g. analysis worksheets, computer programs...)?
    Director alone or with facilitator to identify program map or logic model.

12. What kind of results did/does it yield:
    Description of member activities, information about how majority of members’ time is used. Can also reveal how much or little members, site supervisors, and director know and/or agree upon what members’ assignments are.

13. Limitations of Tool (What is this tool NOT appropriate for? E.g. specific age groups):
    Members can miss the point and go too far and describe every detail, minute by minute of their day so information is not useful; it can be difficult to find the appropriate unit for members to focus their description i.e., if they work in different classrooms or schools it is best to fill out a different sheet for each classroom or for each school. Classroom level can give too detailed information.

14. Recommendations on how to make the tool effective: (for example, have members trained on how to administer tool, include instruction sheet and give the teachers 2 weeks to respond)
    Be specific in explaining the kind of information sought, train members ahead of time about the form, have them practice filling out the form, have example forms that are filled out, inform site supervisors of the activity and familiarize them with the form.
Getting Things Done Objective #1

Members will tutor 200 students in grades 4-12 in 1-1 and group settings in core subject areas to increase school success. Using indicators of improved grades and homework completion, 50% of those students will report through opinion surveys that, as a result of working with the Members, they have better grades and complete more school work on time than before working with a Member. **GOAL: 50% OF 200 = 100 SHOW CHANGE**

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<th>STUDENT (first name or initials ONLY)</th>
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Crookston Impact
How many Students did you serve?
1999-2000 Program Year

Getting Things Done Objective #2

Members will tutor 200 pre-school and kindergarten children in 1-1 and group settings in school readiness skills. Teachers will report that 50% of those children showed development in teacher defined indicators of social competence, self-help, language, & cognitive skills as a result of working with the Members. GOAL: 50% OF 200 = 100 SHOW CHANGE

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YW•AC Evaluation Team, CEESL, U of M, & Crookston Impact, 8/99
Guidelines

- Count each youth ONLY ONCE under an objective even though they may have multiple contacts with Members. For example, Mary (a student) may be helped by a member three times in one week. Mary only counts as one student. A student may come to an open gym ten times during the semester, he only counts as ONE youth.
- No student should be counted twice UNLESS they are being counted under different objectives. For example, Sam (a youth) is tutored in reading class and math class at school and then goes to open gym after school. Sam can be counted once for Obj. #1 and once for Obj. #3.
- If Members' service takes place in a way that all children in a class are directly receiving tutoring from the Member then count all students in the class.
- If a member is working as a general assistant randomly answering students' questions or assisting a teacher, you CANNOT count the students in that class. The member can count ONLY those students that they spent time with in a tutoring relationship.
AmeriCorps-Southern Minnesota

YOUTH TUTORING SURVEY

This survey is designed specifically for AmeriCorps-Southern Minnesota community partner sites that have Members who spend all or part of their time tutoring youth. Please answer the following questions for the first reporting period. Your contribution is critical to the success of our program. We appreciate the time you are taking to provide us with this important information. THANK YOU!

<table>
<thead>
<tr>
<th>Community Partner Site:</th>
<th>Site Supervisor:</th>
<th>Member(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Period:</td>
<td>Cluster:</td>
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<tr>
<td>First (9/99-11/99)</td>
<td>Rochester</td>
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<tr>
<td>Second (12/99-8/00)</td>
<td>Mankato</td>
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Which grade levels did the Member work with during this reporting period? (check all that apply)

- Pre-School
- Kindergarten
- 1-3
- 4-6
- 7-9
- 10-12

Section I. Please answer the following questions as accurately as possible based on the information gathered during the first reporting period.

1. How many students received ongoing weekly tutoring in educational core topics from an AmeriCorps Member(s)?

2. Of the students who received ongoing tutoring, how many were given a baseline or pre-assessment?

3. Of those who were given a baseline or pre-assessment, how many were given a post assessment?

Section II. Describe in the detail the methods and tools used to gather PRE (baseline) and POST assessment information. Attach samples of tools if possible.

**PRE-ASSESSMENT**

(Example 1) After working with them for one month, Members administered the pre-test of a tool called the Learning and Social Skills Inventory (LSSI) (see attached) to the kids they tutored.

**POST-ASSESSMENT**

(Example 1) After working with the kids for 5 months, Members administered the LSSI post-test to the kids who took the pre-test.
Section III. For those students who were given a pre and post assessment, circle the most appropriate description of the change observed in their behavior and academic skills.

<table>
<thead>
<tr>
<th>STUDENT ID # or Code</th>
<th># of weeks tutored</th>
<th>Average # of hours per week of tutoring</th>
<th>Date of PRE Assessment</th>
<th>Date of POST Assessment</th>
<th>ACADEMIC SKILLS</th>
<th>BEHAVIOR</th>
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Section IV. Additional Qualitative Information

16. Please share your personal observations or meaningful success stories about how the service of the AC Member is benefiting individuals and/or the community served by your organization.

17. Additional Comments:
This is not a test. It is a short survey to collect your opinions about what it means to be a young person today. We would like to know how you think and feel about the world you live in. Remember, we are asking for your opinion, so there are no right or wrong answers.

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<tr>
<th>CIRCLE THE WORD THAT BEST DESCRIBES YOUR ANSWER TO EACH OF THE FOLLOWING QUESTIONS.</th>
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</thead>
<tbody>
<tr>
<td>1. Caring about people is important to me.</td>
</tr>
<tr>
<td>1. (a) This program has helped me believe this.</td>
</tr>
<tr>
<td>YES   NO</td>
</tr>
<tr>
<td>2. I think about what I am going to do before I do it.</td>
</tr>
<tr>
<td>2. (a) This program has helped me believe this.</td>
</tr>
<tr>
<td>YES   NO</td>
</tr>
<tr>
<td>3. I know I can get an adult to help me if I need it.</td>
</tr>
<tr>
<td>3. (a) This program has helped me believe this.</td>
</tr>
<tr>
<td>YES   NO</td>
</tr>
<tr>
<td>4. What I think about myself is more important to me than what</td>
</tr>
<tr>
<td>others think about me.</td>
</tr>
<tr>
<td>Strongly Agree    Agree    Disagree    Strongly Disagree</td>
</tr>
</tbody>
</table>
4. (a) This program has helped me believe this.
   YES  NO

5. I look forward to being a grown up.
   YES  NO

6. I get to make some decisions about things that are important to me.
   YES  NO

7. Even when things are hard I keep trying my best.
   YES  NO

8. I do what I think is best even when my friends try to get me to do something different.
   YES  NO

9. Imagining my future makes me feel good.
   YES  NO

10. I try to stay away from the bad things I see around me.
    YES  NO

11. When I feel bad I talk to someone about my feelings.
    YES  NO
11. (a) This program has helped me believe this.
   YES  NO

12. My community is a good place to be.
   12. (a) This program has helped me believe this.
      YES  NO

13. I feel that I can handle the things that happen to my family and me.
    13. (a) This program has helped me believe this.
        YES  NO

14. I feel that I am a good person.
    14. (a) This program has helped me believe this.
        YES  NO

THANKS!

Participant Code:  Participant Age:  Survey Date:  Administered by:  Program or Group:

YW•AC Evaluation Team, CEESL, U of MN, MCA (Resiliency modification) 5/99
Instructions for the YOUTH TUTORING SURVEY

If the Member serving with your organization spends at least 25% of her or his time tutoring youth in core academic subjects, you should complete this survey. If not, do not complete this form, your organization addresses a different program objective.

<table>
<thead>
<tr>
<th>Who should complete this survey?</th>
<th>For each organization, the individual who has the best knowledge of the information needed should complete the survey. For example, if a Member were doing in-school tutoring, a teacher would probably be the most appropriate respondent. In some cases, the Member may be the most knowledgeable individual.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What information is needed to complete it?</td>
<td>For the first reporting period, we are only asking you to report output information. However, by the end of the year, you will need to report both output and outcome information. The outputs refer to the numbers of individuals served and the types of activities completed. The outcomes refer to the changes seen in the clients your organization serves. In this case, we are interested in knowing if those individuals who are being tutored are improving in either academics or behavior.</td>
</tr>
<tr>
<td>What should I do with it when finished?</td>
<td>When the survey is completed, it should be returned the AmeriCorps Director(s) in your cluster.</td>
</tr>
<tr>
<td>How will the information be used?</td>
<td>The information you give to your cluster Director will be analyzed with the rest of the surveys from your cluster. This information will be send on to Denise Fogarty who will aggregate the information from all 3 clusters and compile the AC-SMN report. In addition to reporting, the information will be used for the purpose of program improvement and public relations.</td>
</tr>
<tr>
<td>What if I have a question?</td>
<td>If you have a question, please contact the Director(s) for your cluster. If additional assistance is needed they will contact either Denise Fogarty, Program Officer or Theresa Donohue, U of MN Evaluation Facilitator.</td>
</tr>
</tbody>
</table>
This survey is designed specifically for AmeriCorps-Southern Minnesota community partner sites that have Members who spend all or part of their time tutoring youth. Please answer the following questions for the first reporting period. Your contribution is critical to the success of our program. We appreciate the time you are taking to provide us with this important information. THANK YOU!

<table>
<thead>
<tr>
<th>Community Partner Site:</th>
<th>Site Supervisor:</th>
<th>Member(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Period:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First (9/99-11/99)</td>
<td></td>
<td>Rochester</td>
</tr>
<tr>
<td>Second (12/99-8/00)</td>
<td></td>
<td>Mankato</td>
</tr>
<tr>
<td>Cluster:</td>
<td></td>
<td>Winona</td>
</tr>
</tbody>
</table>

Which grade levels did the Member work with during this reporting period? (check all that apply)
- Pre-School
- Kindergarten
- 1-3
- 4-6
- 7-9
- 10-12

Section I. Please answer the following questions as accurately as possible based on the information gathered during the first reporting period.

1. How many students received ongoing weekly tutoring in educational core topics from an AmeriCorps Member(s)?
2. Of the students who received ongoing tutoring, how many were given a baseline or pre-assessment?

Section II. Describe in the detail the methods and tools used to gather PRE (baseline) and POST assessment information. Attach samples of tools if possible.

PRE-ASSESSMENT

3. (Example) After working with them for one month, Members administered the pre-test of a tool called the Learning and Social Skills Inventory (LSSI) (see attached) to the kids they tutored.

Section III. Additional Qualitative Information

3. Additional Comments:
TOOL FACT SHEET

1. **Name of tool/method:**
   Community Strengthening Objective #1 Agency Survey

2. **Designed by:**
   Katie Rentel, U of M Evaluation Team

3. **Program/Program Director:**
   Crookston IMPACT Director: Liz Valdez

4. **E-Team Facilitator:**
   Katie Rentel

5. **Which objective(s) does it address (write out full objective):**
   CS#1
   IMPACT will collaborate with 4 social service agencies and recruit 30 youth volunteers from IMPACT enrichment programs to provide home repair and maintenance services to 15 agency clients. Clients are be referred by the 4 agencies because the agencies are unable to provide the requested services. Agencies will report that their community outreach was strengthened and that their clients' needs would not have been met without Member collaboration and volunteer recruitment.

6. **What internal program improvement does it address:**
   Helps program to check on quality of service provided, agency satisfaction, kinds of services that are requested to shape program training, focus, implementation

7. **Who administers it (e.g. members give survey to service recipient or teacher uses it to assess impact of tutoring on student):**
   Director administers survey to contact person at referring agency

8. **Who is the subject the tool will be used with:**
   organization/agency making referral

9. **What does it measure:**
   Measures: satisfaction with service, agency perception of quality or service, how service helped to strengthen organization’s work

10. **Time Frame/How often is it administered (quarterly, end of year, beginning of year, etc.):**
    Administered once per reporting period

11. **Who analyzes the information (e.g. analysis worksheets, computer programs...)?**
    Director calculates totals for progress reports

12. **What kind of results did/does it yield:**
    See #9 above

13. **Limitations of Tool (What is this tool NOT appropriate for? E.g. specific age groups):**
    Only administered once per reporting period so it may be difficult for agency person to remember projects.
If there is turnover in agency personnel then it might be hard to get accurate survey information.
Doesn’t allow for any qualitative reaction by agency personnel to the service

14. **Recommendations on how to make the tool effective:** (for example, have members trained on how to administer tool, include instruction sheet and give the teachers 2 weeks to respond)
Program should keep a log of the referrals and projects from each agency so that they can verify or remind the agency of what projects to comment on.
Can modify survey to be used more frequently, e.g., after every event or monthly or bi-monthly.
We would like to know how well we assisted your organization in providing a service to the community. Please answer the following questions using a single form for EACH separate service project that you were involved in with IMPACT. Thank you, your view is important to us.

1) Agency Name: ____________________________

2) Name and Title of Person filling out survey: ____________________________________________

3) Please describe the service activity(ies) for which IMPACT recruited or coordinated volunteers to work with your organization. Write 0 for zero and N/A if not applicable.

<table>
<thead>
<tr>
<th>Date of project or activity</th>
<th>Description of Service Project or Activity</th>
<th>IMPACT STAFF ONLY Number of NEW volunteers recruited by IMPACT</th>
<th>IMPACT STAFF ONLY Number of TOTAL volunteers coordinated by IMPACT (new recruits + agency's own volunteers)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4) Were you satisfied with the service IMPACT provided your organization?
   □1 yes □2 no

5) How would you rate the quality of the service provided?
   □1 poor □2 below average □3 average □4 good □5 excellent

6) What was the impact of the service provided by IMPACT? Please check ALL that apply. The assistance from IMPACT...
   □1. met an individual's need that would not have been met otherwise
   □2. met a community need that would not have been met otherwise
   □3. allowed your organization to provide more services
   □4. allowed your organization to provide higher quality services
   □5. strengthened your collaboration with other service agencies
   □6. other __________________________________________
1. Name of tool/method: Community Strengthening Objective #1 Client Survey

2. Designed by: Katie Rentel, U of MN Evaluation Team and Liz Valdez, Crookston Impact

3. Program/Program Director: Crookston IMPACT Director: Liz Valdez

4. E-Team Facilitator: Katie Rentel

5. Which objective(s) does it address (write out full objective):
CS#1 IMPACT will collaborate with 4 social service agencies and recruit 30 youth volunteers from IMPACT enrichment programs to provide home repair and maintenance services to 15 agency clients. Clients are referred by the 4 agencies because the agencies are unable to provide the requested services. Agencies will report that their community outreach was strengthened and that their clients’ needs would not have been met without Member collaboration and volunteer recruitment.

6. What internal program improvement does it address: Helps to provide feedback on customer satisfaction with Impact services

7. Who administers it (e.g. members give survey to service recipient or teacher uses it to assess impact of tutoring on student):
Director or member administers survey to individuals (clients) who have been referred by agencies for a service AFTER service has been completed.

8. Who is the subject the tool will be used with: individuals (clients) who have been referred by agencies for a service

9. What does it measure:
Measures the client’s satisfaction with the service received, the quality of the service, tracks demographics of client, and which agency referred him/her.

10. Time Frame/How often is it administered (quarterly, end of year, beginning of year, etc.):
Administered once per client after service is completed

11. Who analyzes the information (e.g. analysis worksheets, computer programs...)? Director analyzes the survey answers

12. What kind of results did/does it yield: See #9 above

13. Limitations of Tool (What is this tool NOT appropriate for? E.g. specific age groups):
Might be difficult to use with clients who cannot read well or who are not fluent English speakers

14. Recommendations on how to make the tool effective: (for example, have members trained on how to administer tool, include instruction sheet and give the teachers 2 weeks to respond)
Should be given to client immediately after service is completed to get best response.
Survey can be completed while Member or director waits for it to aid response rate
Survey could be modified to delete name, address, and signature for confidentiality
We would like to know your opinion on how well we served you. Please answer the following questions. Thank you. Your view is important to us.

1) Name:

2) Address:

3) Date service was completed__________
   Please describe the service you requested:

4) Were you satisfied with the service we provided you?
   □1 yes □2 no

5) How would you rate the quality of the service provided?
   □1 poor □2 below average □3 average □4 good □5 excellent

6) Did the service meet a need of yours that would not have been met otherwise?
   □1 yes □2 no

7) How were you referred to IMPACT? (Please check one)
   □1 Polk County Social Services □4 Northwest Mental Health Center
   □2 Tri-Valley Nursing □5 Polk County Senior Link
   □3 Other agency □6 Other agency _____________________
   □7 I contacted IMPACT myself directly
   □8 A friend

8) Which of the following categories apply to you? Please mark all that apply.
   □1 low income □2 senior citizen □3 physically challenged

Signature_________________________ Date:______
<table>
<thead>
<tr>
<th>DATE</th>
<th>COMMUNITY IMPACT SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TOOL</td>
<td>COMMUNITY IMPACT SURVEY</td>
</tr>
<tr>
<td>DESIGNED BY</td>
<td>Cindy Brey (with assistance from Khanh Nguyen)</td>
</tr>
<tr>
<td>PROGRAM DIRECTOR</td>
<td>Cindy Brey</td>
</tr>
<tr>
<td>E-TEAM FACILITATOR</td>
<td>Khanh Nguyen</td>
</tr>
<tr>
<td>WHICH OBJECTIVE(S) DOES IT ADDRESS</td>
<td>Community Strengthening Objective #1: Members will develop and implement projects, resulting in safer, more accessible community park facilities, as measured by all projects passing inspection. AND Other Human Needs Objective #1: Members will assist in the building, renovation and weatherization of homes, resulting in 7 energy efficient homes and 5 affordable homes completed, as measured by all projects passing inspection.</td>
</tr>
<tr>
<td>WHAT INTERNAL PROGRAM IMPROVEMENT DOES IT ADDRESS</td>
<td>Allows MN SERV to evaluate the impact of its work within community based upon specific relationships with community partners. It can then use this information to help determine the selection of future community partner relationships. It also helps MN SERV gauge the economic and social impact that it has communities. This information can help MN SERV to better tailor its serves in the future and will further assist in better applying its members to services which have greatest impact in the community.</td>
</tr>
<tr>
<td>WHO ADMINISTERS INSTRUMENT</td>
<td>Cindy Brey mails out surveys to site coordinators. These coordinators hand surveys out to Members. Members then go to teachers and together both complete the forms. Site coordinators are responsible for members turning in surveys. Program director is responsible for ensuring that site coordinators collect and turn in surveys to her.</td>
</tr>
<tr>
<td>WHO IS THE SUBJECT OF TOOL USE</td>
<td>Since it was unfeasible for us to gather data from direct beneficiaries (e.g., the homeless who use the homeless shelters, the domestic abuse victim who use the crisis center services, etc.) when have focused on the collecting data from the organizations which directly work with beneficiaries and which we partner with to complete mutual projects. In looking at how communities are impacts by this organization and in asking partner organizations to assess the impact of these specific partnerships upon communities was determined to be most effective method to gather &quot;rich&quot; data.</td>
</tr>
<tr>
<td>WHAT DOES THE TOOL MEASURE</td>
<td>The tool gathers information on a number of social, material, programmatic and demographic variables which together attempts to construct a snapshot of the impact of the MN SERV and community organizations partnerships. These variables measure the estimated number of community members impacts, who in the community was impact, the value of the collaboration (in terms of material, labor and monetary costs), etc.</td>
</tr>
<tr>
<td>TIMEFRAME AND HOW OFTEN TOOL IS ADMINISTERED</td>
<td>The survey is completed as a post-test. Thus when organizational partnerships are completed (e.g., at the end of a project) or at the end of a programming year (should projects be ongoing).</td>
</tr>
<tr>
<td>WHO ANALyzES THE DATA</td>
<td>The program director, working with the MN evaluation facilitator will together conduct the data analysis.</td>
</tr>
<tr>
<td>WHAT KINDS OF RESULTS DID/DOES IT YIELD</td>
<td>SEE SECTION: WHAT DOES THE TOOL MEASURE</td>
</tr>
<tr>
<td>LIMIT OF TOOL</td>
<td>Volunteer bias will be an issue because response rates are expected to be quite moderate. In addition, respondents in partner organizations will vary in their knowledge and understanding of communities and the of the collaborative projects being reported upon.</td>
</tr>
<tr>
<td>RECOMMENDATIONS</td>
<td>This survey is like a material census of organizations in collaborative partnerships with the AmeriCorps program. It only measures community impact in a very generalized, quantitative manner, therefore, the real complexities and intricacies of community collaborative—such as how community organizations learn and interact and therefore from new partnerships with one another through both participating with the AmeriCorps program—these types of issues and concerns are not addressed here.</td>
</tr>
</tbody>
</table>

MN Serv Objectives and tool descriptions Page 4
Youth Works/AmeriCorps Community Impact Survey

All community organizations, where an AmeriCorps Member is providing service, should complete this survey at the end of each project.

YWIA Program Site completes the following section

Program Site: ___________________________ Program Coordinator: ___________________________ Date: ____________

1. The category of this service project is (check all that apply): 
   a) Human Needs 
   b) Environmental 
   c) Construction-related 
   d) Other 

2. How many AmeriCorps members were involved: 

3. Location of project: ___________________________

4. Which community organization(s) were involved? ___________________________

5. When did this service project take place? Starting date: ____________ Completion Date: ____________

Community Organization Completes the following sections

Demographic:


8. Name of person completing this form: ___________________________ 9. Position/Title: ___________________________

10. Phone: ___________________________

11. What was the probability of the project being completed without YW/A involvement? 
   a) _____ Zero 
   b) _____ less than 25% 
   c) _____ 25 to 50% 
   d) _____ 50 to 75% 
   e) _____ 100%.

12. Indicate estimated geographic radius of service (in miles): 
   a) _____ 20 miles or less 
   b) _____ between 20 to 50 miles, 
   c) _____ 50 miles or greater 
   d) _____ multiple counties

13. Indicate the total number of individuals served, monthly, by this project: ___________________________

Benefits

14. What population will benefit from this service project? (check all that apply) 
   a) _____ students 
   b) _____ elderly 
   c) _____ minorities 
   d) _____ families 
   e) _____ homeless 
   f) _____ Other

15. How many individuals will benefit from this service project? 
   a) _____ 1-100 
   b) _____ 100-500 
   c) _____ 500-2000 
   d) _____ 2000-4000 
   e) if over 4000, indicate number.

16. What types of community events/activities would the completion of this project promote? 
   (check all that apply) 
   a) _____ support for children 
   b) _____ support for adolescents 
   c) _____ support for teens 
   d) _____ support of homeless 
   e) _____ support of families 

   Give examples: ___________________________

17. Because of the YW/A member(s) presence, was your organization able to: 

   a) offer additional activities over and above usual services offered? 
   b) offer more focused or extensive services of its current activities? 
   c) able to provide service to more individuals than usual? 
   d) create new strategies or options in your services?

Cost-Effectiveness

18. For this project, what item(s) was your organization financially responsible for? 
   a) _____ equipment, 
   b) _____ staff/administration, 
   c) _____ materials/supplies

19. Please indicate the monetary amount for question number 18. $ ____________

20. Indicate estimated monetary ($) savings achieved because of this collaboration: 
   a) _____ $1,000 or less 
   b) _____ $1,000 to $2,500 
   c) _____ $2,500 or greater

21. Indicate estimated labor/man hours contributed by Members and Volunteers. 
   a) _____ 100 hours or less, 
   b) _____ 100 to 250 hours, 
   c) _____ 250-350 hours 
   d) _____ 350 hours or greater
Communication, Interaction and Observations

22. Your communication and interaction with the AmeriCorps was primarily with:
   a. The Program Coordinator  b. The Crew leader(s)  c. YW/A member(s)  d. Other, example

   Use the scale of NI= Needed Improvement, A= Acceptable or E= Excellent to rate the following questions.

23. If you worked with the crew leader, characterize your relationship with him/her.
24. Describe the crewleader's ability to represent the concerns and responsibilities of the YW/A member(s).
25. Characterize the level of communication between yourself and the AC member(s).
26. Characterize the access between you and the AC member(s).
27. Characterize the YW/A members ability to function as a team member.
28. Characterize the YW/A member(s) ability to function in a team in your organization.
29. Describe YW/A Members professional manner (respectfulness, attentiveness).
30. Describe YW/A Members professional appearance.
31. Describe the quality of work completed by the YW/A member(s)
32. Did the AmeriCorps member(s) maintain site safety at all times?

Future

32. How do you see YW/A member(s) serving with your organization in the future?

33. Improvements/suggestions you would recommend for this program:
TOOL FACT SHEET

1. Name of tool/method:
Community Strengthening Objective #2 (service learning) Agency Survey

2. Designed by:
Katie Rentel, U of M Evaluation Team

3. Program/Program Director:
Crookston IMPACT Director: Liz Valdez

4. E-Team Facilitator:
Katie Rentel

5. Which objective(s) does it address (write out full objective):
CS#2

IMPACT will collaborate with the service learning program at UMC to establish partnerships with 2 new agencies within the community and recruit 60 college volunteers from service learning classes to work on service projects with the 2 new community partners. Members will provide education about community needs to students and education about incorporating service learning to new partner agencies.

6. What internal program improvement does it address:
Helps program to check on progress toward meeting objective, quality of service provided, agency satisfaction, kinds of services that are requested to shape program training, focus, implementation

7. Who administers it (e.g. members give survey to service recipient or teacher uses it to assess impact of tutoring on student):
Director administers survey to contact person at referring agency

8. Who is the subject the tool will be used with: organization/agency participating in the service learning project

9. What does it measure:
Measures: whether agency has learned how to conduct service learning projects, number of volunteers recruited, satisfaction with service, agency perception of quality or service, how service helped to strengthen organization’s work

10. Time Frame/How often is it administered (quarterly, end of year, beginning of year, etc.):
Administered once per reporting period

11. Who analyzes the information (e.g. analysis worksheets, computer programs...)?
Director calculates totals for progress reports

12. What kind of results did/does it yield:
See #9 above

13. Limitations of Tool (What is this tool NOT appropriate for? E.g. specific age groups):
Only administered once per reporting period so it may be difficult for agency person to remember projects.
If there is turnover in agency personnel then it might be hard to get accurate survey information.
Doesn’t allow for any qualitative reaction by agency personnel to the service
14. Recommendations on how to make the tool effective: (for example, have members trained on how to administer tool, include instruction sheet and give the teachers 2 weeks to respond)

Program should keep a log of the projects from each agency so that they can verify or remind the agency of what projects to comment on.
Can modify survey to be used more frequently, e.g., after every event or monthly or bi-monthly.
**Crookston IMPACT YouthWorks AmeriCorps**  
**Community Strengthening Objective #2**  
**AGENCY Satisfaction Survey**

We would like to know how well we assisted your organization in providing a service to the community and whether your organization has a better understanding of service learning as a result of our collaboration. Please answer the following questions using a single form for ALL the service projects that your agency was involved in with IMPACT. Thank you, your view is important to us.

1) **Agency Name:**

2) **Name and Title of Person filling out survey:**

2) Please describe the service activity(ies) for which IMPACT recruited or coordinated volunteers to work with your organization. Write 0 for zero and N/A if not applicable.

<table>
<thead>
<tr>
<th>A) Date of project or activity</th>
<th>B) Description of Service Project or Activity</th>
<th>C) IMPACT STAFF ONLY Number of NEW volunteers RECRUITED by IMPACT for this activity</th>
<th>D) IMPACT STAFF ONLY Number of TOTAL volunteers coordinated by IMPACT in this activity (new recruits + agency's own volunteers)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

3) Did staff or members of your organization gain a better understanding of how to incorporate service learning into your program as a result of working with IMPACT?

- □ 1 yes
- □ 2 no
- □ 3 already understood how to use service learning in program

4) Were you satisfied with the service IMPACT provided your organization?

- □ 1 yes
- □ 2 no

5) How would you rate the quality of the service provided?

- □ 1 poor
- □ 2 below average
- □ 3 average
- □ 4 good
- □ 5 excellent

6) What was the impact of the service provided by IMPACT? Please check ALL that apply.

The assistance from IMPACT...

- □ 1. met an individual's need that would not have been met otherwise
- □ 2. met a community need that would not have been met otherwise
- □ 3. allowed your organization to provide more services
- □ 4. allowed your organization to provide higher quality services
- □ 5. strengthened your collaboration with other service agencies
- □ 6. other ________________________________
<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF TOOL</th>
<th>AMERICORPS K-8 TUTOR LOGS (Pre-School and K-8, respectively)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESIGNED BY</td>
<td>Cindy Brey (with assistance from Khanh Nguyen)</td>
<td></td>
</tr>
<tr>
<td>PROGRAM DIRECTOR</td>
<td>Khanh Nguyen</td>
<td></td>
</tr>
<tr>
<td>E-TEAM FACILITATOR</td>
<td>Cindy Brey</td>
<td></td>
</tr>
<tr>
<td>WHICH OBJECTIVE(S) DOES IT ADDRESS</td>
<td>Members will assist in creating a more positive, learning conducive environment for approximately 700 K-8 students, demonstrated by an increase in students' positive attitudes for school and an appropriate student behavior. Through teacher assessment of all students, students will demonstrate by year-end, a 20 percent increased, AT MINIMUM, in three (3) indicators within the domains of positive school attitude and appropriate student behavior relative to the baseline standard.</td>
<td></td>
</tr>
<tr>
<td>WHAT INTERNAL PROGRAM IMPROVEMENT DOES IT ADDRESS</td>
<td>This tutor logs examine how and to what extend members work with students in the areas/skills identified in both Pre-School and K-8 students. It complements the educational surveys in help MN SERV staff understand what members are actually doing (from their own point of view) within classes.</td>
<td></td>
</tr>
<tr>
<td>WHO ADMINISTERS INSTRUMENT</td>
<td>Cindy Brey mails out surveys to site coordinators. These coordinators hand surveys out to Members. Members then go to teachers and together both complete the forms. Site coordinators are responsible for members turning in surveys. Program director is responsible for ensuring that site coordinators collect and turn in surveys to her.</td>
<td></td>
</tr>
<tr>
<td>WHO IS THE SUBJECT OF TOOL USE</td>
<td>Members are asked to assess their own performance within a checklist indicating areas in which they have worked in. The tutor logs record both basic academic and student interpersonal areas covers and also include sections on members' reflections and their work and an open-ended section for general observations.</td>
<td></td>
</tr>
<tr>
<td>WHAT DOES THE TOOL MEASURE</td>
<td>These tutor logs completes the educational surveys which measures a number of student skill and performance indicators in the areas of interpersonal, social and academic abilities and habits. It looks at this from the perspective of member work emphasis and interaction with students within these areas.</td>
<td></td>
</tr>
<tr>
<td>TIMEFRAME AND HOW OFTEN TOOL IS ADMINISTERED</td>
<td>In 1998-1999, the survey was administered three times throughout the school year. Thus during the months of December, February and May. For the 1999-2000 school year, we are planning on administering this instrument during the months of September (for true baseline data), December (right before mid-year holidays) and May (end-of-year).</td>
<td></td>
</tr>
<tr>
<td>WHO ANALYZES THE DATA</td>
<td>Khanh Nguyen and Cindy Brey. As Cindy and MN SERV staff learn more about data analysis, more and more of this will be turned over to them.</td>
<td></td>
</tr>
<tr>
<td>WHAT KINDS OF RESULTS DID/DOS IT YIELD</td>
<td>The tutor logs is structured around tallies and frequency count of activities. Descriptive analysis allows presentation of members performance in a number of ways: percentages of where members are emphasizing/not emphasizing skills, under what type of students' groups members often encounter, members performance of services versus members self-perception of skill development, etc. What type of results will be utilized will be determined during each data analysis occasion.</td>
<td></td>
</tr>
<tr>
<td>LIMIT OF TOOL</td>
<td>These tutor logs has been extensively piloted within typical classrooms. Tutors were design to give MN SERV staff a very general and basic understanding of how members were working with students within the classrooms. It is not designed to establish causal relationship either between members versus student performance, nor is it to establish causal relationships between the education surveys with member performances. It is designed to offer some insights into such relationships.</td>
<td></td>
</tr>
<tr>
<td>RECOMMENDATIONS</td>
<td>Member logs are use to gather information about general members work performance. We have used this opportunity for gathering basic accountability data and linked with our outcome/impact indicators for student performance.</td>
<td></td>
</tr>
</tbody>
</table>
AmeriCorps Member Tutor Log

Member: ___________________ School Name: ___________________ Date: __________ to __________

Program Site: ___________________
Program Coordinator: ___________________

Daily Tutoring Report

<table>
<thead>
<tr>
<th>Note the number of children you tutor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presch</td>
</tr>
</tbody>
</table>

Directions: In the chart below, please note, with an (x), the areas in which you assisted in the development of those you tutor, each day that you tutor.

During this reporting period, I provided guidance to help students develop in the following areas:

- **I. Academic Habits**
  - 1 Listening skills
  - 2 Working with a group
  - 3 Working individually

- **II. Interpersonal Skills**
  - 4 Verbal expression
  - 5 Written expression

- **III. Social Skill Development**
  - 6 Appropriate behavior
  - 7 Dealing with anger
  - 8 Following directions

- **IV. Academic Skills**
  - 9 Reading
  - 10 Math
  - 11 Other

Total hrs. tutored daily: ___________________
No. of teachers assisted: ___________________

Bi-weekly Member Development Survey

Directions: Please mark, below, the correct rating with an [x]. Low = 1 and High = 6

I feel that my ability to facilitate learning and development in the tutoring areas, defined in the reporting chart at left, could be rated as follows:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Comments:</th>
</tr>
</thead>
</table>

Typically I work in this type of situation (check all that apply): __ 1 of 1 tutoring, __ 2-6 group size, __ small group (7-14), __ whole class, __ multiple class, __ multiple mixed grade class.

Bi-weekly Reflections of my tutoring experience.

(Please Check the Appropriate Rating with an [x]. Low = 1 and High = 6)

I feel that:

a. The children/students are working well together.

b. Facilitating learning is getting easier.

c. The children/students come to school ready to learn.

d. The children/students responded to me well.

e. I am comfortable working in this environment.

f. I have a good rapport with the children/students.

Bi-weekly journal:

---

MN Dept. Econ. Security
Print date: 8/12/99
Instructions for the

YOUTH MENTORING SURVEY

If the Member serving with your organization spends at least 25% of her or his time mentoring youth or coordinating volunteers who mentor youth, you should complete this survey. If not, do not complete this form, your organization addresses a different program objective.

<table>
<thead>
<tr>
<th>Who should complete this survey?</th>
<th>For each organization, the individual who has the best knowledge of the information needed should complete the survey. For example, if a Member were doing in-school tutoring, a teacher would probably be the most appropriate respondent. In some cases, the Member may be the most knowledgeable individual.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What information is needed to complete it?</td>
<td>For the first reporting period, we are only asking you to report output information. However, by the end of the year, you will need to report both output and outcome information. The outputs refer to the numbers of individuals served and the types of activities completed. The outcomes refer to the changes seen in the clients your organization serves. In this case, we are interested in knowing if those individuals who are being mentored are improving academically and/or in their attitudes toward school.</td>
</tr>
<tr>
<td>What should I do with it when finished?</td>
<td>When the survey is completed, it should be returned the AmeriCorps Director(s) in your cluster.</td>
</tr>
<tr>
<td>How will the information be used?</td>
<td>The information you give to your cluster Director will be analyzed with the rest of the surveys from your cluster. This information will be send on to Denise Fogarty who will aggregate the information from all 3 clusters and compile the AC-SMN report. In addition to reporting, the information will be used for the purpose of program improvement and public relations.</td>
</tr>
<tr>
<td>What if I have a question?</td>
<td>If you have a question, please contact the Director(s) for your cluster. If additional assistance is needed they will contact either Denise Fogarty, Program Officer or Theresa Donohue, U of MN Evaluation Facilitator.</td>
</tr>
</tbody>
</table>
This survey is designed specifically for AmeriCorps-Southern Minnesota community partner sites that have a member who is serving as a Mentor or coordinating a Mentoring program. Please answer the following questions for the FIRST reporting period. Your contribution is critical to the success of our program. We appreciate the time you are taking to provide us with this important information. THANK YOU!

<table>
<thead>
<tr>
<th>Community Partner Site:</th>
<th>Site Supervisor:</th>
<th>Member(s):</th>
</tr>
</thead>
</table>

**Reporting Period:**
- First (9/99-11/99)
- Second (12/99-8/00)

**Cluster:**
- Rochester
- Mankato
- Winona

**Age range of youth:**

### Section I. Based on your records, please provide the answers to the following questions in the space provided.

<table>
<thead>
<tr>
<th>AC Members serving as Mentors:</th>
<th>AC Members coordinating Mentors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many AC Members are serving as Mentors with your organization?</td>
<td>3. How many individuals, coordinated by AC Member(s), are serving as Mentors with your organization?</td>
</tr>
<tr>
<td>2. How many youth are being mentored directly by AC Members who are serving with your organization?</td>
<td>4. How many youth are being mentored by individuals who are coordinated by AC Members?</td>
</tr>
</tbody>
</table>

5. What is the total number of youth who were mentored during this reporting period?

6. Of these, how many completed a baseline or pre-assessment?

### Section II. Additional Qualitative Information

7. Additional Comments:
Section II. Answer the following questions for those individuals who were given BOTH a baseline (pre) and post-assessment (Question 7). For each category, write in the number of individuals who IMPROVED, DID NOT CHANGE or DECLINED in each of the outcome areas. If change in a certain area(s) was not an expected outcome of the relationship, indicate the number of mentees for whom it is NOT APPLICABLE.

<table>
<thead>
<tr>
<th>participation in class</th>
<th>IMPROVED</th>
<th>NO CHANGE</th>
<th>DECLINED</th>
<th>NOT APPLICABLE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>completion of homework or projects</th>
<th>IMPROVED</th>
<th>NO CHANGE</th>
<th>DECLINED</th>
<th>NOT APPLICABLE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>attitude toward learning and school</th>
<th>IMPROVED</th>
<th>NO CHANGE</th>
<th>DECLINED</th>
<th>NOT APPLICABLE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>attitude toward civic involvement</th>
<th>IMPROVED</th>
<th>NO CHANGE</th>
<th>DECLINED</th>
<th>NOT APPLICABLE</th>
</tr>
</thead>
</table>

Section III. Additional Qualitative Information

Please share your personal observations or meaningful success stories about how the service of the AC Member is benefiting individuals and/or the community served by your organization.

Additional Comments:
AmeriCorps-Southern Minnesota

**YOUTH MENTORING SURVEY**

This survey is designed specifically for AmeriCorps-Southern Minnesota community partner sites that have a member who is serving as a Mentor or coordinating a Mentoring program. Please answer the following questions for the FIRST reporting period. Your contribution is critical to the success of our program. We appreciate the time you are taking to provide us with this important information. THANK YOU!

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<table>
<thead>
<tr>
<th>Reporting Period:</th>
<th>Cluster:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First (9/99-11/99)</td>
<td>Rochester Mankato Winona</td>
</tr>
<tr>
<td>Second (12/99-8/00)</td>
<td></td>
</tr>
</tbody>
</table>

**Section I. Based on your records, please provide the answers to the following questions in the space provided.**

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</tr>
<tr>
<td>5. What is the total number of youth who were mentored during this reporting period?</td>
<td></td>
</tr>
<tr>
<td>6. Of these, how many completed a baseline or pre-assessment?</td>
<td></td>
</tr>
<tr>
<td>7. Of those who completed a baseline assessment, how many completed a post-assessment?</td>
<td></td>
</tr>
<tr>
<td>DATE</td>
<td>NAME OF TOOL</td>
</tr>
<tr>
<td>------</td>
<td>--------------</td>
</tr>
<tr>
<td></td>
<td>DESIGNED BY</td>
</tr>
<tr>
<td></td>
<td>PROGRAM DIRECTOR</td>
</tr>
<tr>
<td></td>
<td>E-TEAM FACILITATOR</td>
</tr>
<tr>
<td>WHICH OBJECTIVE(S) DOES IT ADDRESS</td>
<td>Environmental Objective #1: Members will develop and implement projects, resulting in safer, more accessible community park facilities, as measured by all projects passing inspection. AND Member Development Objective #1: Eighty-two (82) members will be trained to facilitate school success initiatives, resulting in increased member skills in facilitating K-8 students' school success as tracked through the Educational Tutor Logs.</td>
</tr>
<tr>
<td>WHAT INTERNAL PROGRAM IMPROVEMENT DOES IT ADDRESS</td>
<td>Data from this instrument allows the MN SERV site coordinators to better design and develop member inservice training. In addition, it will also allow site coordinators to see how members and when members develop specific job-related skills. Finally, this survey also provides site coordinators to gauge members'</td>
</tr>
<tr>
<td>WHO ADMINISTERS INSTRUMENT</td>
<td>Cindy Brey mails out surveys to site coordinators. These coordinators hand surveys out to Members. Members then go to teachers and together both complete the forms. Site coordinators are responsible for members turning in surveys. Program director is responsible for ensuring that site coordinators collect and turn in surveys to her.</td>
</tr>
<tr>
<td>WHO IS THE SUBJECT OF TOOL USE</td>
<td>Members involved in environmental or construction related activities/projects.</td>
</tr>
<tr>
<td>WHAT DOES THE TOOL MEASURE</td>
<td>Members development of job-related skills and performance of job activities.</td>
</tr>
<tr>
<td>TIMEFRAME AND HOW OFTEN TOOL IS ADMINISTERED</td>
<td>This survey will be administered three times during the course of the program year.</td>
</tr>
<tr>
<td>WHO ANALYZES THE DATA</td>
<td>Khanh Nguyen and Cindy Brey. As Cindy and MN SERV staff learn more about data analysis, more and more of this will be turned over to them.</td>
</tr>
<tr>
<td>WHAT KINDS OF RESULTS DID/DOES IT YIELD</td>
<td>This survey allows supervisors a way to evaluate member performance and skill development in construction/environmental related skills and activities. It is a performance indicator of where members are strong/weak in a number of specific skills MN SERV has identified as being of required for successful completion of member duties and responsibilities in construction/environmental training and skill acquisition.</td>
</tr>
<tr>
<td>LIMIT OF TOOL</td>
<td>This tool will be administer as a pre- and post-assessment, when in reality members will under go training and reassessment on a monthly basis. In addition, based on earlier data collection efforts, we expect a response rate of about 50 percent. This then introduces &quot;volunteer bias&quot; into our sampling strategy and limit our ability to generalize to all members working in the construction/environmental arena.</td>
</tr>
<tr>
<td>RECOMMENDATIONS</td>
<td>It is important that buy-in occurs at the supervisory level. Supervisory buy-in ensure quality response rates and detailed completion of the surveys. In addition, for the survey to be used for internal program improvement, it is critical that assessment occur at key points throughout the year so that the data can then be analyzed and reported back to sites.</td>
</tr>
</tbody>
</table>
AmeriCorps Construction/Environmental Survey

Please complete this form for the project completed by the Youth Works/AmeriCorps Members

YWIA Member __________________________ Date: ________________

Program Coordinator __________________________ Program Site __________________________

Work Site: __________________________

Time at Site: ___________ Months ___________ Weeks ___________ Days

Supervisor Level of Interaction: ___________ Daily ___________ Weekly ___________ Monthly

Considering the projects that this member has been involved in, please identify their ability:

<table>
<thead>
<tr>
<th>Improvement Needed</th>
<th>Adequate to exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

I. Reasoning Skills

Basic Math Skills Utilization (e.g., computational skills, percentages, fractions, addition, multiplication, etc.)

Practical Advance Math/Geometry (e.g., angles, algebra, weights, distance, etc)

ability to understand construction-work related concepts

II. Understanding of tool usage

Basic tools (e.g., hammer, screwdriver, wrench, etc.)

Power Tools

Special Tools (e.g., plumb line, level, etc.)

Technical Instruments/technical awareness (ability to properly use and maintain tools.)

III. Interpersonal Member Development

Consideration of other team members

Attitude for work and task completion

Demonstrates socially acceptable behavior

Work ethic

Ability to share oneself as resource

Ability to coach/lead other members and or volunteers

IV. Leadership Ability

Ability to take initiative on task performance

V. Safety (Exposure to construction Activities, construction Clean-up, Weatherization)

Awareness of safety concerns for power tools

Awareness of safety concerns for special tools

Awareness of safety concerns for working on different environments/conditions (e.g., in mud, snow, etc.)

Awareness of safety concerns for team members.

Awareness of safety concerns for basic tools (e.g., using appropriate safety equipment, pulling equipment away properly, etc.)

ADDITIONAL COMMENTS: (Continue on the back of this survey if necessary)

Supervisor Signature __________________________ Member Signature __________________________

MN Dept. Econ. Security

MN SERVE 12/98

Print date: 8/11/99
AmeriCorps Construction/Environmental Survey

Evaluation for YWA Member: ____________________________ Date: ____________
Program Coordinator ____________________________ Program Site ____________________________
Work Site: ____________________________ Time at Site: _______ Months _______ Weeks _______ Days
This evaluation is a: (check one) self-evaluation peer-evaluation

Please check the member's skill/ability in the following areas with the rating scale at right.

<table>
<thead>
<tr>
<th></th>
<th>beginning</th>
<th>Needs Improvement</th>
<th>Intermediate Competency</th>
<th>Mastery</th>
<th>Comments</th>
</tr>
</thead>
</table>

I. Self Development
1. RESPECT
   a. Honesty
   b. No complaining
   c. Accepting constructive criticism
   d. Attitude (positive- willingness to learn)
2. INITIATIVE
   a. Willingness to take risks and be creative in completing tasks.
   b. Staying on task
   c. Accepting responsibility
3. SCHOOL PROGRESS
4. JUDGEMENT
   a. Follow directions
   b. Attendance
5. MOTIVATION
6. PUNCTUALITY
7. HAVING FUN

IV. Technical Development
1. SAFETY
   a. Respect for equipment
   b. Assists with daily site clean-up
2. QUALITY/ATTENTION TO DETAIL
3. SHARING EQUIPMENT/TOOLS

V. Group Development
1. RESPECT
   a. Equality
2. TEAMWORK
   a. Compromise
   b. Communication
   c. Hold each other accountable for actions
   d. Complimenting each other
3. PUBLIC IMAGE
4. HAVING FUN

Supervisor Signature ____________________________ Member Signature ____________________________
| **DATE** |  |
| **NAME OF TOOL** | AMERICORPS K-8 STUDENT SURVEY |
| **DESIGNED BY** | Cindy Brey (with assistance from Khanh Nguyen) |
| **PROGRAM DIRECTOR** | Cindy Brey |
| **E-TEAM FACILITATOR** | Khanh Nguyen |

| **WHICH OBJECTIVE(S) DOES IT ADDRESS** | Members will assist in creating a more positive, learning conducive environment for approximately 700 K-8 students, demonstrated by an increase in students' positive attitudes for school and an appropriate student behavior. Through teacher assessment of all students, students will demonstrate by year-end, a 20 percent increased, AT MINIMUM, in three (3) indicators within the domains of positive school attitude and appropriate student behavior relative to the baseline standard. |

| **WHAT INTERNAL PROGRAM IMPROVEMENT DOES IT ADDRESS** | Comprehensive sampling allows us to better approximate a more accurate to aggregate number of students directly served by students. In addition, this provides teachers and schools with information as to A/C members impact in their classrooms. Finally, MN SERV can see the general distribution of students' skills and abilities (gathered in the 1st application of the survey) and thus can tailor members training to better address level and severity of students' needs for the current year. |

| **WHO ADMINISTERS INSTRUMENT** | Cindy Brey mails out surveys to site coordinators. These coordinators hand surveys out to Members. Members then go to teachers and together both complete the forms. Site coordinators are responsible for members turning in surveys. Program director is responsible for ensuring that site coordinators collect and turn in surveys to her. |

| **WHO IS THE SUBJECT OF TOOL USE** | Teachers are asked to assess all students within their classroom. Thus while this instrument does not individual track students, it does ask for individual assessment (in aggregate form) of all students within a classroom. |

| **WHAT DOES THE TOOL MEASURE** | The survey measures a number of student skill and performance indicators in the areas of interpersonal, social and academic abilities and habits. |

| **TIMEFRAME AND HOW OFTEN TOOL IS ADMINISTERED** | In 1998-1999, the survey was administered three times throughout the school year. Thus during the months of December, February and May. For the 1999-2000 school year, we are planning on administering this instrument during the months of September (for true baseline data), December (right before mid-year holidays) and May (end-of-year). |

| **WHO ANALYZES THE DATA** | Khanh Nguyen and Cindy Brey. As Cindy and MN SERV staff learn more about data analysis, more and more of this will be turned over to them. |

| **WHAT KINDS OF RESULTS DID/DOES IT YIELD** | The survey has a number of indicators scored on a 6-point Likert scale. These scores are tallied and descriptive analysis completed. Descriptive analysis allows presentation of student performance in a number of ways: percentages of student meeting set performance/ability baseline, the average scores of students increasing/decreasing within scores. What type of results will be utilized will be determined during each data analysis occasion. |

| **LIMIT OF TOOL** | This survey has been extensively piloted with typical classrooms, therefore it does not specifically address the needs/abilities of special needs students (e.g., ethnic, special education, ESL, etc.). This survey, although it collects individual data on all students, collects it at the aggregate level of the classroom and therefore does not track individual students. Finally, teachers are asked to assess all students, including those who may or may not have work directly with A/C members. The design of the instrument is to gauge student aggregate classroom performance and from this, infer A/C members' impact as one aspect of student increased performance. |

| **RECOMMENDATIONS** | This survey was designed to address specific data collection and evaluation constraints present within the MN SERV program. These constraints included the transient nature of MN SERV program components (e.g., the A/C member population, the participating schools and teachers, the transient nature of partner sites); the huge geographic sprawl of the program (i.e., throughout the state) and the limited time and resources that could be committed to evaluation and evaluation training. |
AmeriCorps K-8 Student End-of-Year Survey

Please complete all items

**Teacher & Member** should complete ONE survey form for each classroom to which the member is assigned.

**Program Info:**

- Date: 
- YWA Member Name: 
- Prog. Coordinator/site: 

---

**School/classroom Information:**

- School Name: 
- Grade: 
- # in class: 

- Teacher Name: 
- Teacher Phone No.: (optional) 

---

**DEMOGRAPHICS:**

**Student's Educational Status**

- Regular Education
- Special Education
- ESL
- LD
- ADD/ADHD
- EBD

**Student's Ethnicity**

- Caucasian
- Asian or Pacific Islander
- African-American
- American Indian/Native
- Hispanic/Latino
- Other: 

Typically, the member will work in this type of situation (check all that apply):

- 1 of 1 tutoring,
- 2-5 small group,
- 6-14 large group,
- whole class,
- multiple class (same grade),
- multiple mixed grade class,
- co-facilitate classes.

**Directions to the Teacher:**

With the YWA Member, please indicate the number of students in each category that best describes this class.

**EXAMPLE:** There are 20 students in the class

Quest. 4. Ability to complete assigned tasks:

<table>
<thead>
<tr>
<th>Improvement Needed</th>
<th>Adequate to exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

**Sections 1-4:** According to your grade book records and your observations, this class exhibits the following in:

**I. Academic Habits**

1. level of motivation and enthusiasm for school
2. level of participation in classroom activities
3. level of participation in small group activities
4. ability to complete assigned tasks
5. ability to listen
6. ability to work individually

**II. Interpersonal Skills**

7. ability to interact with peers
8. ability to express his/herself
   - verbally
   - with written words

**III. Social Skill Development**

9. level of cooperation with peers
10. level of socially appropriate behavior
11. ability to stay in-bounds with anger
12. ability to understand and follow directions

**IV. Academic Skills:** Your grade records indicate the academic levels, of the class, are:

**(A) Reading**

1. 2 grade levels below average grade level
2. 1 grade level below average grade level
3. at average grade level
4. 1 grade level above average grade level
5. 2 grade levels above average grade level

**(B) Math**

1. 2 grade levels below average grade level
2. 1 grade level below average grade level
3. at average grade level
4. 1 grade level above average grade level
5. 2 grade levels above average grade level

**Teacher:** Please explain the benefit of having an AmeriCorps Member this year and why you would want or need an AmeriCorps Member in your classroom next year?

---

**Teacher Signature:** ______________________  **Member Signature:** ______________________
**Instructions for the**

**DIVERSITY AWARENESS SURVEY**

If the Member serving with your organization spends at least 25% of her or his time helping to increase the awareness of southern Minnesota’s growing diversity by conducting seminars/forums and/or coordinating service projects, you should complete this survey. If not, do not complete this form, your organization addresses a different program objective.

<table>
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<tr>
<th>Who should complete this survey?</th>
<th>For each organization, the individual who has the best knowledge of the information needed should complete the survey. For example, if a Member were doing in-school tutoring, a teacher would probably be the most appropriate respondent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What information is needed to complete it?</td>
<td>In order to complete this survey, you will need to collect both output and outcome information. The outputs refer to the numbers of individuals served and the types of activities completed. The outcomes refer to the changes seen in the clients your organization serves. In this case, we are interested in knowing if those who attend seminars/forums or participate in service projects actually increase their knowledge of diversity or their commitment to working with persons from diverse backgrounds.</td>
</tr>
<tr>
<td>What should I do with it when finished?</td>
<td>When the survey is completed, it should be returned the AmeriCorps Director(s) in your cluster.</td>
</tr>
<tr>
<td>How will the information be used?</td>
<td>The information you provide will be analyzed with the rest of the surveys from your cluster. This information will be sent on to Denise Fogarty who will aggregate the information from all 3 clusters and compile the AC-SMN report. In addition to reporting, the information will be used for both program improvement and public relations.</td>
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<tr>
<td>What if I have a question?</td>
<td>If you have a question, please contact the Director(s) for your cluster. If additional assistance is needed they will contact either Denise Fogarty, Program Officer or Theresa Donohue, U of MN Evaluation Facilitator.</td>
</tr>
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</table>
AmeriCorps-Southern Minnesota

DIVERSITY AWARENESS SURVEY

This survey is designed specifically for AmeriCorps - Southern Minnesota community sites that focus at least part of their time on increasing public awareness about southern Minnesota's growing diversity. Please answer the following questions for the first reporting period. Your contribution is critical to the success of our program. We appreciate the time you are taking to provide us with this important information.

THANK YOU!

<table>
<thead>
<tr>
<th>Community Partner Site:</th>
<th>Site Supervisor:</th>
<th>Member(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reporting Period:</th>
<th>Cluster:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First (9/99-11/99)</td>
<td>Rochester</td>
</tr>
<tr>
<td>Second (12/99-8/00)</td>
<td>Mankato</td>
</tr>
<tr>
<td></td>
<td>Winona</td>
</tr>
</tbody>
</table>

Part I. Describe the service that the Member(s) provides to your organization by answering the following questions.

1. Describe the diversity awareness effort and any community partnership in which the A-SM Member(s) is participating:

2. Which of the following activities does the Member(s) do for the partnership (check as many as apply):
   - Conducts Seminars/Forums
   - Coordinates Service Activities
   - Other: ____________________________

<table>
<thead>
<tr>
<th>SEMINARS/FORUMS</th>
<th>SERVICE EVENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Total number of seminars:</td>
<td>6. Total number of service events:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total number of seminar participants:</td>
<td>7. Total number of service event participants:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Describe in more detail the seminar topic(s) and participants:

6. Total number of service events:

7. Total number of service event participants:

8. Describe in more detail the focus of the service event(s) and who participated:
Part II. In the following section, describe WHAT you found out about the IMPACT of the seminars, forums and service events on those who participated. In addition, please attach any evaluation tools that you used to gather information to this reporting form.

<table>
<thead>
<tr>
<th>9. What was the total number of participants in seminars, forums or service events conducted by the partnership during this reporting period?</th>
<th>10. Of the total number of participants, how many completed a post-survey about the impact of the event?</th>
<th>11. Of the individuals who completed the survey, how many reported an increased awareness of Southern Minnesota's growing ethnic, aging and economic diversity?</th>
<th>12. Of those who completed the survey, how many reported an increased commitment to working with persons from diverse backgrounds to address critical community needs?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

13. What other interesting information was acquired through surveying participants in the seminars, forums and/or service events?

14. Additional Comments:

©CS#1 99-00, DRAFT, YW•AC Evaluation Team & AC-SM, CEESL, U of MN, 9/99
Instructions for the

VOLUNTEER RECRUITMENT SURVEY

If the Member serving with your organization spends at least 25% of her or his time recruiting, training and/or coordinating volunteers, you should complete this survey. If not, do not complete this form, your organization addresses a different program objective.

<table>
<thead>
<tr>
<th>Who should complete this survey?</th>
<th>For each organization, the individual who has the best knowledge of the information needed should complete the survey. For example, if a Member were doing in-school tutoring, a teacher would probably be the most appropriate respondent. In some cases, the Member may be the most knowledgeable individual.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What information is needed to complete it?</td>
<td>In order to complete this survey, you will need to collect both output and outcome information. The outputs refer to the numbers of individuals served and the types of activities completed. The outcomes refer to the changes seen in the individuals or organizations that are served by AmeriCorps. In this case, we are interested in knowing how your organization has been impacted by the work of the Member.</td>
</tr>
<tr>
<td>What should I do with it when finished?</td>
<td>When the survey is completed, it should be returned the AmeriCorps Director(s) in your cluster.</td>
</tr>
<tr>
<td>How will the information be used?</td>
<td>The information you give to your cluster Director will be analyzed with the rest of the surveys from your cluster. This information will be send on to Denise Fogarty who will aggregate the information from all 3 clusters and compile the AC-SMN report. In addition to reporting, the information will be used for the purpose of program improvement and public relations.</td>
</tr>
<tr>
<td>What if I have a question?</td>
<td>If you have a question, please contact the Director(s) for your cluster. If additional assistance is needed they will contact either Denise Fogarty, Program Officer or Theresa Donohue, U of MN Evaluation Facilitator.</td>
</tr>
</tbody>
</table>
AmeriCorps - Southern Minnesota

VOLUNTEER RECRUITMENT SURVEY

This survey is designed specifically for AmeriCorps - Southern Minnesota community partner sites that focus on volunteer recruitment. Please answer the following questions for the first reporting period. Your contribution is critical to the success of our program. We appreciate the time you are taking to provide us with this important information. THANK YOU!

<table>
<thead>
<tr>
<th>Community Partner Site:</th>
<th>Site Supervisor:</th>
<th>Member(s):</th>
</tr>
</thead>
</table>

Reporting Period:  
First (9/99-11/99)  
Second (12/99-8/00)  
Cluster: Rochester  
Mankato  
Winona

Part I. Describe the service that the Member(s) provides to your organization by answering the following questions.

1 (a). Which of the following activities does the Member(s) do for your organization (check as many as apply):
- Recruits Volunteers  
- Trains Volunteers  
- Coordinates Volunteers  
- Other [ ]

1 (b). Describe the service of your Member(s) in more detail:

2. How many volunteers has the Member recruited for your organization?  
3. How many volunteers has the Member trained for your organization?  
4. How many volunteers has the Member coordinated for your organization?

Part II. Circle whether you Strongly Agree, Agree, Disagree, or Strongly Disagree with the following:

5. The Member(s) serving with our site has helped our organization to:

   (a) Recruit more volunteers:  
      STRONGLY AGREE  
      AGREE  
      DISAGREE  
      STRONGLY DISAGREE  
      TOO SOON TO TELL

   (b) Streamline the intake of volunteers:  
      STRONGLY AGREE  
      AGREE  
      DISAGREE  
      STRONGLY DISAGREE  
      TOO SOON TO TELL

   (c) Better assess the skills of volunteers:  
      STRONGLY AGREE  
      AGREE  
      DISAGREE  
      STRONGLY DISAGREE  
      TOO SOON TO TELL

   (d) Improve the training of volunteers:  
      STRONGLY AGREE  
      AGREE  
      DISAGREE  
      STRONGLY DISAGREE  
      TOO SOON TO TELL

   (e) Better coordinate volunteers:  
      STRONGLY AGREE  
      AGREE  
      DISAGREE  
      STRONGLY DISAGREE  
      TOO SOON TO TELL
Part III. Additional Qualitative Information

6. Please share your personal observations or meaningful success stories about how the service of the AC Member is benefiting individuals and/or the community served by your organization.

7. Additional Comments:
TOOL FACT SHEET

1. **Name of tool/method:**
   Member Training Survey (MD #1 & 2)

2. **Designed by:**
   Katie Rentel, U of M Evaluation Team

3. **Program/Program Director:**
   Crookston IMPACT Director: Liz Valdez

4. **E-Team Facilitator:**
   Katie Rentel

5. **Which objective(s) does it address (write out full objective):**
   **MD #1**
   23 Members will receive training or education in diversity awareness, team building, communication skills, conflict resolution, tutoring, mentoring, and leadership development. 80% of Members will report that they have increased knowledge in at least two of the above topic areas.

   **MD #2**
   23 Members will receive training or education in diversity awareness, team building, communication skills, conflict resolution, tutoring, mentoring, and leadership development in order to provide high quality tutoring and enrichment activities for youth. 80% of Members will report that they have are able to apply their knowledge in at least two of the above topic areas to their service activities.

6. **What internal program improvement does it address:**
   Part 1: Helps program to check what kinds of knowledge and skills Members gain from training session to enable program to plan or improve training activities. Part 2: Helps program to see if Members are able to apply knowledge and skills from trainings at site.

7. **Who administers it (e.g. members give survey to service recipient or teacher uses it to assess impact of tutoring on student):**
   Program staff administer Part 1 to Member after each training, and then do Part 2 at least a month after training.

8. **Who is the subject the tool will be used with:**
   Members

9. **What does it measure:**
   Part 1 measures what knowledge and skills Members gained from a training. Part 2 measures whether members have been able to apply the knowledge and skills to their service sites.

10. **Time Frame/How often is it administered (quarterly, end of year, beginning of year, etc.):**
    Part 1 administered after each training; Part 2 administered at least a month after the training. It may be possible to administer Part 2 surveys all together at the end of each reporting period.

11. **Who analyzes the information (e.g. analysis worksheets, computer programs...)?**
    Director calculates totals for progress reports

12. **What kind of results did/does it yield:**
    See #9 above
13. Limitations of Tool (What is this tool NOT appropriate for? E.g. specific age groups):
   Doesn't allow for any open ended answers
   Because the Members have to include their name so that they can answer part 2, their identities are not confidential and so they may not answer truthfully

14. Recommendations on how to make the tool effective: (for example, have members trained on how to administer tool, include instruction sheet and give the teachers 2 weeks to respond)
   Members need to be oriented about how to take the survey.
   Program staff needs to keep very accurate attendance records for the trainings.
   Program staff needs to have a very organized system for administering Part 2.
Member Name: __________________________

IMPACT's goals include helping you to learn about diversity awareness, team building, interpersonal communication, conflict resolution, tutoring, mentoring, and leadership development. We also hope that you will use some of the knowledge and/or skills you learned at your service site. Please answer the following survey to let us know how helpful and effective the training has been. Thank you very much!!.

PART 1
Name of this TRAINING or EDUCATIONAL ACTIVITY Date of training: __ __

For each item, please circle the response which best matches your experience today.

<table>
<thead>
<tr>
<th>Doesn't apply</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I learned something NEW in today's training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I learned something useful for my work at my site in today's training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I learned something useful to my personal life from today's training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I learned something useful for my career from today's training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Today's training helped me to understand the other members in the corps better</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Today's training helped me to feel closer to the other members in the corps.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I believe I can do my work better at my service site because of today's training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I feel a sense of unity with other members of IMPACT because of today's training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Today's training improved my skills in the topic area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Today's training improved my knowledge in the topic area.</td>
<td></td>
<td></td>
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</tbody>
</table>

PART 2—Only complete AFTER you have worked in your site at least a MONTH since this training. Date: __ __

Now that you have served at your site for a while since this training, please think about what you learned a few months ago and answer the following questions.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. I have been able to use some of the new skills that I learned in this training at my site. If YES, please give an example of how you used the skills at your site:</td>
<td></td>
</tr>
<tr>
<td>12. I have been able to use some of the new knowledge I learned in this training at my site. If YES, please give an example of how you used the new knowledge at your site:</td>
<td></td>
</tr>
</tbody>
</table>
### TOOL FACT SHEET

**Name of tool:** AmeriCorps Member Performance Evaluation  
**Designed by:** Becky  
**Program:** Family Housing Impact  
**Program Director:** Julie Gugin

| 1. Which objective(s) does it address (write out full objective): | • MD #1: 40 members will participate in training directly related to developing and maintaining interpersonal relationships and working with people in the workplace and will demonstrate their skills in their daily behavior during their service term.  
• MD #2: 40 members will participate in guidance and training relating to general workplace skills and will demonstrate their skills in their daily behavior during their service term. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. What internal program improvement does it address:</td>
<td>The performance evaluation is used as a discussion tool between site supervisors and members to reflect on members strengths and weaknesses in specific skill areas as well as overall job readiness.</td>
</tr>
<tr>
<td>3. Who administers it:</td>
<td>Site supervisors are responsible for completing forms</td>
</tr>
<tr>
<td>4. Who is the subject:</td>
<td>Data is collected on members performance</td>
</tr>
<tr>
<td>5. What does it measure:</td>
<td>Member performance in the general workplace skills and interpersonal skills (working with others)</td>
</tr>
<tr>
<td>6. Time Frame:</td>
<td>Form is administered each quarter (3x/year), at least one month prior to progress report due date</td>
</tr>
<tr>
<td>7. Who analyzes the information:</td>
<td>Individual program staff aggregate data and calculate percentages</td>
</tr>
</tbody>
</table>
| 8. What kind of results did/does it yield: | % of site supervisors responding at particular ranges of satisfaction levels in various items measuring workplace and interpersonal skills  
Tracking of members progress made in specific skill areas from one quarter to the next |
| 9. Limitations of Tool: | Reliability of results from one quarter to the next depends on having a consistent evaluator that has frequent on-site interaction with members |
| 10. Recommendations on how to make the tool effective: | • Train members and site supervisors to evaluation as a discussion tool on member performance  
• Implement at least twice during service year to monitor changes in performance |
Future Force
Performance Evaluation
Corps Member: ____________________________
Site: ____________________________
Evaluator: ____________________________
Date: ____________________________

Corruncnts:
S+ = Excellent
S = Satisfactory
S- = OK, but needs more effort
U = Unsatisfactory
NA = Does not apply

<table>
<thead>
<tr>
<th>I. Classroom/Program Support:</th>
<th>S+</th>
<th>S</th>
<th>S-</th>
<th>U</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tutoring students individually/small group basis</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Assisting in motivating students to get involved in the classroom/activities</td>
<td></td>
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</tr>
<tr>
<td>Organizing a) materials, b)distribution of materials c)returning materials to proper place</td>
<td></td>
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<tr>
<td>Assisting with classroom instruction, developing lesson plans, presenting materials</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other classroom specific responsibilities:</td>
<td></td>
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</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>II. Behavior Management/Conflict Resolution:</th>
<th>S+</th>
<th>S</th>
<th>S-</th>
<th>U</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enforcing classroom rules consistently and uses behavioral consequences appropriately</td>
<td></td>
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<tr>
<td>Providing students with skills to resolve their own conflicts</td>
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<tr>
<td>Training students in peer mediation</td>
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<tr>
<td>Intervening and mediating student conflicts</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other classroom specific responsibilities:</td>
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</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>IIIA. Interpersonal Skills: Student-Member Relationships:</th>
<th>S+</th>
<th>S</th>
<th>S-</th>
<th>U</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows warmth and friendliness</td>
<td></td>
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<tr>
<td>Presents self as a positive role model</td>
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<tr>
<td>Understands students’ problems/issues</td>
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<tr>
<td>Sensitive to the needs of the children</td>
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<tr>
<td>Provides positive feedback to children</td>
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</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>IIIB. Interpersonal Skills: Member-Staff Relationships:</th>
<th>S+</th>
<th>S</th>
<th>S-</th>
<th>U</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability work with others</td>
<td></td>
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<tr>
<td>Relates positively to a) teacher b)school staff</td>
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<tr>
<td>Accepts and uses feedback positively for personal development</td>
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</table>

Comments:
IV. General Job Performance:

<table>
<thead>
<tr>
<th>Metric</th>
<th>S+</th>
<th>S</th>
<th>S-</th>
<th>U</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependable; gets things done when asked, follows schedule with punctuality</td>
<td></td>
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<tr>
<td>Flexible; able to adjust to the needs of the moment</td>
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<tr>
<td>Attendance: on time regularly, consistently present</td>
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<tr>
<td>Communication; keeps teacher informed, meets regularly to discuss issues/needs.</td>
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<tr>
<td>Uses good judgement; reacts appropriately to emergency situations or potential</td>
<td></td>
<td></td>
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<tr>
<td>Relates positively to authority; takes direction and accepts constructive criticism</td>
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<tr>
<td>General appearance; good hygiene, dresses appropriately.</td>
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<tr>
<td>Takes initiative; observes what needs to be done and does it.</td>
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<tr>
<td>Other</td>
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</table>

Overall Rating

V. Success Stories: Examples of the positive impact CM has made in the classroom:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

VI. Suggestions for Improvement:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Corps Member Comments

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Corps Member Signature ___________________________ Date ____________

Evaluator Signature ___________________________________________________________________

Date ____________