

Education Program Evaluation

Agency Name and Program

Please evaluate this Program on the following **SCALE**.
Each Program will receive a score ranging between 11 and 55.

- 1 = Poor** **90% = 59**
- 2 = Fair** **80% = 52**
- 3 = Average** **70% = 46**
- 4 = Good** **60% = 39**
- 5 = Excellent**

	1 = Poor	2 = Fair	3 = Average	4 = Good	5 = Excellent
1. Does this agency show evidence of good governance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is this agency an active United Way Partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does this program have positive collaborations with other service providers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does this agency operate well, showing good financial management and responsible stewardship with their funds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Are you able to summarize what the program does and how?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does this program have an effective plan for accomplishing their goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Does this program have the resources (human capital, space, equipment/supplies, cash flow, etc.) to accomplish their goal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is this program beneficial to Allen County?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Do participants in this program obtain skills or resources that positively impact their lives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Is this program making a difference as evidenced by their reported outcomes/impact on people's lives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Does the Success Story indicate a positive change in the person's life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Score for this program:

Do you feel you need additional information to be able to adequately evaluate this program?

- Yes
- No

If yes, please specify the additional information you would like to receive:

Do you feel this program merits United Way Funding?

- Yes
- No
- Yes, with hesitation.

If you do NOT feel this program merits United Way Funding, please explain:

If you recommend funding but with hesitation, please explain:

Please feel free to share any additional thoughts you feel will be helpful.

Submit