SIF Implementation Reporting Checklist

This is a general checklist of information that SIF reports should contain, and that CNCS hopes to have for each SIF evaluation. Specific reports will differ according to the project design and type of report (baseline, interim, or final). Use the checklist if you find it helpful and modify it to fit your needs.

SEP Target Areas	Information to Collect and Communicate	Included in your report?
Implementation Study Context	Program delivery timeline	❑
	Program beneficiaries	❑
	Program components/activities	❑
	Program outputs	❑
	Program outcomes/impacts	❑
	Impact study design (including comparison group details, if appropriate)	❑
Implementation Dimensions Included[1]	Fidelity to program design	❑
	Program exposure (or dosage)	❑
	Quality of program delivery	❑
	Program participant responsiveness	❑
	Program differentiation	❑
	Participant satisfaction	❑
Implementation Data Collection and Measurement	Amount of data collected (e.g. observations, surveys, records)	❑
	Sample for data collection (e.g. size, demographic composition, representativeness of sample to all personnel/participants)	❑

SIF Implementation Reporting Checklist

SEP Target Areas	Information to Collect and Communicate	Included in your report?
Implementation Data Collection and Measurement, cont.	Description of data collection methods (e.g. surveys, observations, interviews, focus groups coding of existing data)	❑
	Description of data collection procedures (e.g. who collected the data and how)	❑
	Measures used for each dimension, including target levels if appropriate	❑
Implementation Analysis	Type of analysis (e.g. t-tests/chi-square, correlation, multiple regression)	❑
	Analysis procedure/steps	❑
Implementation Findings	Implementation findings	❑
	Lessons learned	❑
Report Process	Reports are submitted on time	❑
	Reports are submitted in a systematic format	❑
	Reports contain rich information (e.g. program implementation, data collection, analysis)	❑
	Quality control processes are in place	❑

SIF Implementation Reporting Checklist

NOTE:

[1] Dimension definitions, below, are in large part excerpted from James Bell Associates (2009), an online source downloaded from http://www.jbassoc.com/ReportsPublications/Evaluation%20Brief%20-%20Measuring%20Implementation%20Fidelity_Octob%E2%80%A6.pdf.

Fidelity: Fidelity to program design refers to the extent to which program components are delivered as prescribed by the model. Adherence indicators can include program content, methods, and activities. Adherence data are typically reported as the proportion of program components that were delivered compared to the number prescribed. For example, if a provider covered 14 of the 28 content areas of a program, the content adherence score would be 50%.

Exposure: Program exposure (i.e., dosage) is the amount of program delivered in relation to the amount prescribed by the program model. Exposure can include the number of sessions or contacts, attendance, and the frequency and duration of sessions.

Quality of delivery: Quality of delivery reflects the manner in which a program is delivered. Aspects of delivery quality can include provider preparedness, use of relevant examples, enthusiasm, interaction style, respectfulness, confidence, and ability to respond to questions and communicate clearly. The quality of delivery may act as a moderator between an intervention and observed outcomes; for example, if 100% of a program's material is covered but is delivered poorly, positive participant outcomes may not be realized.

Participant responsiveness: Participant responsiveness refers to the manner in which participants react to or engage in a program. Aspects of participant responsiveness can include participants' level of interest in the program; perceptions about the relevance and usefulness of a program; and their level of engagement, enthusiasm, and willingness to engage in discussion or activities. Participant responsiveness may play a direct role in outcomes, or may act as a moderator between the intervention and adherence to the program or the quality of service delivery. For example, if participants are not responding well, a provider may omit, modify, or add to the program's content or activities.

Program differentiation: Program differentiation is the degree to which the critical components of a program are distinguishable from each other and from other programs. Program differentiation can also refer to the process of identifying the critical components of a program that are essential for producing positive outcomes (i.e., component analysis). Several researchers suggest collecting fidelity data from both intervention (treatment) and control groups to allow for measurement of both groups' exposure to the critical components of the intervention.

Participant satisfaction: Participant satisfaction refers to the extent to which participants are satisfied with different aspects of the program and products and/or services delivered to them during their engagement. Participant satisfaction affects responsiveness, level of engagement, and program completion rate.