

Evaluation Implementation Monitoring Tool



This tool is intended to be used by program and/or evaluation to document the status of an ongoing program evaluation. It includes indicators of completion for key elements of evaluations that are targeting high levels of rigor using quasi-experimental or experimental design.

Program: _____ **Evaluator:** _____ **Date:** _____

Overall Status	On Track?	If Not on Track, Why:
Evidence Level Target: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Program Enrollment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Data Collection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evaluation Timeline:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evaluation Budget:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

This program and/or their evaluator are currently engaged in the following evaluation activities (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Planning | <input type="checkbox"/> Instrument Validation |
| <input type="checkbox"/> Obtaining IRB | <input type="checkbox"/> Collecting Data |
| <input type="checkbox"/> Enrolling participants | <input type="checkbox"/> Analyzing Data |
| <input type="checkbox"/> Instrument Selection and/or Design | <input type="checkbox"/> Reporting Results |

Use the checklist on the following pages to monitor detailed progress on evaluation preparation, instrumentation, data collection, data analysis, and reporting.

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Detailed Progress	Evaluation Plan (Target Date or Number)	Current Status (Actual Date or Number)	Notes/Assistance Needed
Evaluation Plan Approved	N/A	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	
IRB Approval Completed (Date)			
Program Enrollment (Total across all Evaluation Sites) to Date	N =	N =	
Comparison/Control Group Enrollment (Please note any confounds or contamination in the notes section.)	N=	N=	
Other:			
Instrumentation			
Measures Selected or designed (date completed)			
Validation of program developed/modified measures (date completed)			
Other:			
Data Collection			
Baseline Data Collection Start Date			
Baseline Data Collection End Date			
Baseline Data Collection Number ¹	N Treat= N Comp=	N Treat = N Comp =	
Midterm Data Collection Start Date			
Midterm Data Collection End Date			
Midterm Data Collection Number	N Treat= N Comp=	N Treat = N Comp =	
Final Data Collection Start Date			
Final Data Collection End Date			
Final Data Collection Number	N Treat= N Comp=	N Treat = N Comp =	
Other:			

¹ N Treat = Number of individuals, groups, or sites receiving program services; the treated or “exposed” group. N Comp = Number of individuals, groups, or sites not receiving program services; the comparison or control group.

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Detailed Progress	Evaluation Plan (Target Date or Number)	Current Status (Actual Date or Number)	Notes/Assistance Needed
Data Analysis			
Baseline Data Analysis Complete Date (Please use notes section to indicate any issues with baseline equivalence.)			
Midterm Data Analysis Complete Date (Please use notes section to indicate any issues with attrition.)			
Final Data Analysis Complete Date (Please use notes section to indicate any issues with attrition.)			
Other:			
Reporting			
Title or Topic of Report 1 (per plan): _____			
Title or Topic of Report 2 (per plan): _____			
Title or Topic of Report 3 (per plan): _____			
Final Report			

Key study findings to date:

Study implementation issues not noted above: