

# IMPACT/OUTCOME QUESTIONNAIRE FORM

## IMPACT/OUTCOME QUESTIONNAIRE “BACK TO BASICS GRANT PROGRAM”

We need your help to evaluate the effectiveness of the “Back to Basics Grant Program”. Please answer the following questions and return your responses to the Sunnyside Unified School District Foundation office no later than *(insert date)*.

1. What outcome did you expect from this action as compared to the outcomes you have observed? **Please circle your answers using a scale from 1 to 5, where 1=very negative; 2=negative; 3=neutral; 4=positive; 5=very positive.**

<b><u>Beneficiaries</u></b>	<b><u>Outcome Anticipated at Time of Application</u></b>	<b><u>Outcome Observed 45 Days Post-Grant</u></b>
Individual	1 2 3 4 5	1 2 3 4 5
Small group (team, club, etc.)	1 2 3 4 5	1 2 3 4 5
Single classroom	1 2 3 4 5	1 2 3 4 5
Entire grade	1 2 3 4 5	1 2 3 4 5
School-wide	1 2 3 4 5	1 2 3 4 5
School district-wide	1 2 3 4 5	1 2 3 4 5
<b><u>Ancillary Beneficiaries</u></b>		
Friends of beneficiary	1 2 3 4 5	1 2 3 4 5
Family of beneficiary	1 2 3 4 5	1 2 3 4 5
Other: _____	1 2 3 4 5	1 2 3 4 5
Other: _____	1 2 3 4 5	1 2 3 4 5
Other: _____	1 2 3 4 5	1 2 3 4 5

2. What specific benefits/impact did you expect? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. What actual impact/outcomes have you observed? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Please describe discrepancies between your expectations and actual outcomes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Would you consider applying for a “Back to Basics” grant in the future? **Yes**      **No**  
 Why or why not? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. How would you describe your overall experience with the “Back to Basics” grant program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THANK YOU FOR YOUR HELP**