



The Jewish Federations®
OF NORTH AMERICA

Center on Aging
and Trauma

Program Evaluation Update Report

Please provide JFNA with an update on your program evaluation. This data will enable JFNA to review your progress towards evaluating your program, and ensure your evaluation strategy is sound. This data will also be used to demonstrate progress to funders.

We recognize that every program is in a different stage of implementation and evaluation. Please complete this form to the best of your ability - uploading the most recent evaluation documents and skipping questions that are not yet applicable to your program.

If you have any questions regarding this report, please reach out to your point-of-contact at The JFNA Center on Aging and Trauma and contact the Center at Aging@JewishFederations.org.

Background Information

Name of staff completing report. *

First Name

Last Name

Email of staff completing report. *

example@example.com

Date on which the report is completed. *

Date

Legal agency name. *

JFNA grant number. *

Example: E-15, PR-9, NN-3, ECS 1-2

Please select the program for which you are reporting. *

Evaluation Update

Please limit your response to 2-3 sentences.

1. Please use the space below to describe your program's immediate and long-term goals and how they relate to your program's activities. *

Type here...

1A. If your organization uses a logic model to document program goals and activities, please upload the most recent version of this document. You may upload multiple files. (optional)

Browse Files

Drag and drop files here

2. How does your organization intend to evaluate the program? *

Type here...

For example, programs could be evaluated through paper surveys, group discussions, social worker feedback, assessments of staff learning or other formats. These forms would include questions about the impact of the program's activities. In the space above, provide details of how your organization plans on evaluating your program's activities and impacts.

3. Has your organization developed data collection tools to evaluate the program? *

☐ A) Yes

☐ B) No

4. Has your organization started collecting data for your program? *

☐ A) Yes

☐ B) No

5. Please describe the proposed timeline and frequency of data collection for your program. *

Type here...

6. Please describe how participant data is kept anonymous and secure. *

Type here...

7. Please describe how data collection tools, as well as the overall program evaluation, is person-centered and trauma-informed. *

Type here...

8. If applicable, please describe any challenges regarding program evaluation. (optional)

Type here...

9. If applicable, please share any lessons learned regarding program evaluation. (optional)

Type here...

10. If you would like, feel free to include questions, concerns, or ideas that you would like to share with the Center's Research and Evaluation Team. (optional)

Type here...

Thank You!

Please click the 'Submit' button below.

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