**Word Documents for Adaptation from**

**State Prevention Plan Amendment and Outcomes Toolkit**

The following documents are taken from *Preventing Sexual Violence in Texas: A Primary Prevention Approach (Plan) Amendment* and *Preventing Sexual Violence in Texas: Primary Prevention OUTCOME TOOLKIT*. Documents included are:

* Survey Administration Protocol Worksheet
* Instances of Collective Youth Leadership Checklist
* Instances of Community Investment: Data Collection Instrument
* Instances of Primary Prevention Initiatives: Data Collection Instrument
* Societal Level Participation Checklist
* SAMPLE Informed Consent for Adults Form
* SAMPLE Parent Consent Form
* SAMPLE Participants’ Assent Form
* SAMPLE Memorandum of Understanding

The forms are provided to you in word form so that you can make adaptation to the documents to fit your individual program needs and context while maintaining the key elements of these documents. Please contact the prevention team at the Texas Association Against Sexual Assault (TAASA) with any questions.

**Survey Administration Protocol Worksheet**

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| --- | --- | --- | --- |
| OUTCOME EVALUATION STEP AND SUGGESTED TIMELINE | PERSON(S) RESPONSIBLE | DATE COMPLETED | NOTES |
| Step 1: Focus on TrainingComplete in months prior to program implementation |
| Participate in training with funder and/or Texas Association Against Sexual Assault to review Measurement Instruments; collection of data and reporting procedures.  |  |  |  |
| Identify how your organization will compile and analyze the data (using a data entry and analysis tool of your choice). |  |  |  |
| Step 2: Begin Evaluation ProcessComplete immediately prior to program implementation |
| Identify who will collect the data for the various outcome measures, and by when. Indicate an alternate person. |  |  |  |
| Identify who will compile and analyze the data.  |  |  |  |
| Determine process for developing and recording Unique Tracking IDs |  |  |  |
| Determine process for securing measures/instruments. |  |  |  |
| Prepare measurement instruments. |  |  |  |
| Send out parental consent information.  |  |  |  |
| Obtain informed consent or assent as appropriate.  |  |  |  |
| Step 3: Evaluation ImplementationComplete during program completion |
| Collect/organize the data in a routine, timely manner. |  |  |  |
| Compile and analyze the data.  |  |  |  |
| Enter required outcome results in the Quarterly Performance Report as appropriate.  |  |  |  |
| Step 4: Evaluation ReflectionComplete during and after program completion |
| Use outcome results to make adjustments to the program. |  |  |  |
| Use outcome results to secure additional support and/or resources (i.e., TA assistance). |  |  |  |
| Share results with community stakeholders and program participants as appropriate. |  |  |  |

**Phase 2 Youth Development**

**Instances of Collective Youth Leadership Checklist**

**Instances of Collective Youth Leadership[[1]](#footnote-1) Checklist**

Record the number of instances of collective youth leadership that was completed this quarter. This data must be reported on your organization’s quarterly performance report. Use a separate checklist for each quarter.

Quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Activities | Number of Instances |
|  | Art shows  |  |
|  | Attending school-board meetings educating school board members on risk and protective factors for sexual violence |  |
|  | Educating elected officials |  |
|  | Film screenings |  |
|  | Informing local government policies or practices |  |
|  | Informing school policies or practices |  |
|  | Materials - development and distribution |  |
|  | Mentoring |  |
|  | Petitions or letter writing campaigns to businesses seeking to change business practices  |  |
|  | Poster campaigns  |  |
|  | Seminars |  |
|  | Social media campaigns |  |
|  | Spoken word events |  |
|  | Theater productions |  |
|  | Workshops |  |
|  | Other (list below)  |  |
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**Instances of Community Investment**

 **Data Collection Instrument**

Organizations can use this instrument to record the number of community investments by type that your organization received this quarter. This data must be reported on your organization’s quarterly performance report. Use a separate sheet for each quarter.

Quarter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization providing investment.** | **Time (Expertise, Services) - in hours** | **Space - number of spaces provided for programming** | **Money - in whole dollars[[2]](#footnote-2)** | **Materials - in equivalent whole dollars** | **Support Documents (number of support documents)** | **Other (number of instances)** | **Other (type and unit of measure)** |
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**TOTALS**

**Instances of Primary Prevention Initiatives**

 **Data Collection Instrument**

Organizations can use this instrument to record the number of primary prevention initiatives by type that was completed this quarter. This data must be reported on your organization’s quarterly performance report. Use a separate sheet for each quarter.

Quarter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| **Group completing the initiative[[3]](#footnote-3)** | **Community events** | **Informing policy** | **Petitions or letter writing campaigns to businesses seeking to change business practices** | **Social norms campaigns** | **Other (number of initiatives)** | **Other (type of initiatives)** |
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**TOTALS**

# Societal Level Measurement instruments and instructions

***Instructions for Completing the Societal Level Participation Checklist***

If your organization participated in any social norms campaigns offered by the state level partners record the name of the campaign and detail your involvement.

Societal Level Participation Checklist

|  |  |  |
| --- | --- | --- |
| **Campaign #** | **Name of Campaign** | **Your Organization’s Participation** |
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***SAMPLE Informed Consent for Adults Form***

**Adult Consent to Participate in Program Evaluation**

The [name of program] is conducting an evaluation for program improvement. This evaluation is used for us to see what we are doing well and where we can improve. We want to provide the best possible program for our community and this is one way to keep us on track. Part of the evaluation involves asking questions concerning your opinions about the program. Questions will focus on particular aspects of the program activities, and may focus on what you learned.

Your participation in this evaluation is strictly voluntary. You can skip (not answer) questions that you do not wish to answer. Participation in the evaluation is not required nor does it affect program participation in a positive or negative way.

Your privacy will be protected. Your name will not appear on the survey. If you are given a Unique ID, only authorized program personnel will know it and it will not be shared with anyone. Once you have completed the survey, the information on it will be transferred to a database. If you have any questions regarding the evaluation or your rights as an evaluation participant, discuss your concerns with the facilitator.

I have read and understand the above evaluation description. For the things I do not understand I have asked for and received a satisfactory explanation. I agree to participate in this evaluation through [date], the end of RPE program, and I understand that I may withdraw my consent at any time without loss or termination of my participation in the [name program/agency]. I also understand that my privacy will be protected because my responses cannot be traced back to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

***SAMPLE Parent Consent Form***

Dear Parent or Guardian:

(INSERT RCC/SAP) in collaboration with (INSERT SCHOOL OR COMMUNITY PARTNER) is providing (INSERT NAME OF PROGRAM) programming for your child and will be asking your child to take a survey. The results of the survey will be used for program improvement only and will help us ensure we are providing the best quality programing for the children of this community.

The survey is **confidential**. Participation in the survey is **voluntary** on the part of the child. You may choose to withdraw your child from participating at any time. In addition, your child has the right to refuse to answer particular questions or leave the survey blank. Choosing to not take the survey will not affect the quality of relationship your child will have with program staff or their access to the program No names or any other identifying information is connected to the answers except for the name of the program. *Your child’s name will not be used in any written or published documents or revealed in any form.*

If you have questions, please contact [INSERT RCC STAFF NAME AND CONTACT NUMBER].

If for any reason you do not wish your son or daughter to participate in the survey, please sign this form and return it by (DATE).

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Student’s Name (please print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

***SAMPLE Participants’ Assent Form***

**Participant Assent (18 years and under) to Participate in [site name] Program Evaluation**

As a participant in [site and program name], I agree to answer some questions about my activities, feelings and opinions about this program and how my participation has helped or not helped me. I understand that my answers will be kept confidential and that my name will not go on my answer sheet. I will not get a grade for my answers nor will anyone discuss my answers with me unless I ask them to. I agree to participate in this evaluation. I know that I can decide to stop taking the survey and leave questions blank. If I do not answer any or all of the questions I will continue to be able to attend [site name] program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

***Sample Memorandum of Understanding:***

**Memorandum of Understanding**

This Memorandum of Understanding is entered into, by, and between XXXX, and XXXX.

1. History of the Relationship – detail history of relations if application and beneficial for parties.
2. Purpose of the MOU: detail the purpose of the MOU.

Example: The purpose of this MOU is to support XYZ sexual assault programs’ application for funding for primary prevention programming, continue historical partnerships to further primary prevention efforts in ABC county, city, etc., and to show partner support exists to successfully implement the activities.

1. Roles and Responsibilities: detail the roles and responsibilities of each entity entering into the agreement. Example:

ABC organizations agrees to:

* 1. X time for participants to complete the program (sufficient dosage)
	2. X space for programming to take place (this is for the organization where the primary prevention programming will be implemented – e.g. school, community organization, etc.).

DCE sexual assault program agrees to:

1. Provide programming over X time for participants (sufficient dosage)
2. Other commitments from the sexual assault program to ensure successful implementation.
3. Term of the MOU

The MOU begins on the first day of XXX, and ends on the XXXX day of.

1. Primary Contacts:
	1. For XXX:
	2. For XXX:

Signatures (for each entity signing):

Entity Name:

Printed Name and Title of Signer:

Signature of Signer:

Date Signed:

1. Instances of collective youth leadership means a group of youth taking action related to risk and protective factors for sexual violence. Activities include those related to education, informing policy, events, or media. Some examples include, but are not limited to those listed in the checklist above. See CDC’s Implementation of Anti-Lobbying Provisions (June 25, 2012) which includes Additional Requirements 12 (AR)-12. [↑](#footnote-ref-1)
2. See 2 CRF (Code of Federal Regulations) 200.442 for restrictions on fund raising. [↑](#footnote-ref-2)
3. The group completing the initiative will not be reported on the organization’s performance report; however the funder may request this information. [↑](#footnote-ref-3)