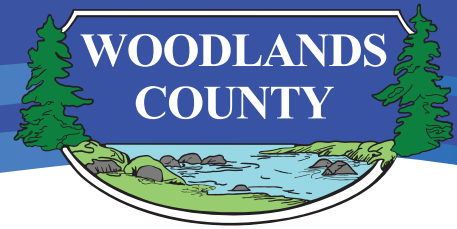


Woodlands County

Family & Community Support Services (FCSS)

Final Report



1. Organization/Group: _____

2. Program/Project Name: _____

3. Date(s) of the Event/Program: _____

4. Primary Target Population (Check one):

- Children/Youth Adults Seniors Families Community

5. Number of participants: _____

6. Number of participants that completed the evaluation: _____

7. Identify the Measurement Tool(s) Used (Check those that apply):

- Survey Checklist Interview Document Review

- Observation Focus Groups Case Studies

Other, please explain: _____

8. When was the Measurement Tool(s) Used:

- Pre-test/post-test: Both before and after your activities
 Post-Only: After activities
 During your activities

9. Other output information related to this program/project:

a. Volunteer involvement related to this program/project only: (if applicable)

of volunteers: _____

of volunteer hours: _____

Family & Community Support Services (FCSS) Final Report

10. Stories: please share a story that describes the significant impact for the participants.

11. After analyzing the information, should you continue with this program/project? Yes No

Why or why not?

12. What improvements can you make to the program/project?

13. What improvements can you make to the measurement/evaluation process?

14. Successes:

15. Changes to be made (if any):

16. Please attach a financial statement for this event/program.

17. Completed by: _____ Date: _____

18. Signature: _____

For more information contact Woodlands County
at **1.888.870.6315** or online at **woodlands.ab.ca**

