**Direct Care Project Part 4**

**Evaluating the Project**

**Directions:** Use this template to evaluate your project. For more information on the template sections, see the Directions for Part 4 and the Direct Care Project Part 4 Tutorial for more information and paragraph requirements.

**Student Name: Date:**

1. Title of presentation (including county/state name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date presentation completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Tables of results: Tally the results of your surveys and place the numerical values in the boxes below.

**PRE-Survey**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

**POST-Survey**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

1. Comprehensive interpretation of results  
   1. Comprehensive summary of pre and post survey data in tables:
   2. Include any positive or negative changes in pre- and post-survey data:
2. Overall experience with the project:
3. Summary of outcomes from the pre and post surveys. For example, does pre/post-survey data indicate participants may be more willing to implement SBIRT or Flag Program following the presentation? What type(s) of discussions did your presentation lead to with your audience:
4. Barriers in the project (i.e., participant interest, time, limited resources, willingness for change, etc.):
5. Implications for future practice. How could this project impact your personal and professional practice?