

Program Evaluation Fiscal Year _____



This program is in part funded by Marin County Health and Human Services, Aging and Adult Services. By answering the following questions, you will inform the future planning of programs and services for older adults and family caregivers in Marin County. It is important that we hear from you. The information you will provide is kept confidential.

Site: _____

Program: _____

1. How long have you been participating in this program?
 Less than a year 1 to 2 years 2 to 3 years 3 or more years

2. How did you first learn about this program? Check all that apply.
 Community/senior center Newsletter (specify): _____
 Friend/acquaintance/word of mouth Service provider
 Family member Social worker/case worker
 Marin IJ Posting or flyer
 Other (please specify): _____

3. What would you have done if this program was not available to you?

4. Would you use this program again in the future?
 Yes No Unsure

5. How likely is it that you would recommend this program to a family member, neighbor, or friend?
 Very likely Somewhat likely Not at all likely

6. If you are not likely to recommend this program or service to someone else, what might your reasons be? Please explain: _____

Turn over to the next page →

7. Please indicate your level of agreement with the following questions. Circle your level of agreement for each question.

Question	Strongly			Strongly
	Agree	Agree	Disagree	Disagree
This program met my expectations.	4	3	2	1
This program met my needs.	4	3	2	1
This program provided high quality services.	4	3	2	1
This program was culturally appropriate.	4	3	2	1
This program is easily accessible.	4	3	2	1

8. In your opinion, what is the best part of this program?

9. What could we improve on to make this program even more successful?

10. What other services might you need at this time that you are not currently receiving?

Thank you for completing this questionnaire!

