Program Evaluation 2014

Insert Your Agency Logo here

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. The information you will provide is kept confidential.

Site: _____

Program : _____

Part II: Program Planning Questions

1. How long have you been participating in the [AAS funded program]?
   ☐ Less than a year ☐ 1 to 2 years ☐ 2 to 3 years ☐ 3 or more years

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

3. What would you have done if the [AAS funded program] was not available to you?
   _____

4. Would you use this [AAS funded program] again in the future?
   ☐ Yes ☐ No ☐ Unsure

5. How likely is it that you would recommend the [AAS funded 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 Agree**	**Agree**	**Disagree**	**Strongly Disagree**
The (AAS Program) met my expectations.	**4**	**3**	**2**	**1**
The (AAS Program) met my needs.	**4**	**3**	**2**	**1**
The (AAS Program) provide high quality services.	**4**	**3**	**2**	**1**
The (AAS Program) was culturally appropriate.	**4**	**3**	**2**	**1**
The (AAS 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!