**Impact Outcome Evaluation Planning Worksheet**

*As updates occur, send this form to* *amlinares@ucanr.edu* *with a cc to your CDPH Project Officer.*

**Local Health Department or other local agency:** LHD or other local agency name

Submitted (summer/fall 2022): Date

Updated (spring/summer 2023): Date

 Subcontractor(s): Subcontractor name

**Information provided by:** Name

**Contact information:** Phone and Email

**State Objectives Targeted** (you do not need to target all as part of your IOE intervention):

[ ]  Increased consumption (amount and/or variety) of fruits and vegetables [ ]  Increased consumption of water

[ ]  Decreased consumption of sugar-sweetened beverages [ ]  Increased physical activity

**Intervention Information:**

**Target Grade(s):** [ ] 4th grade [ ]  5th grade

**Setting:** [ ] School day [ ]  After School

**Primary Curriculum:** Curriculum

 Secondary Curriculum (if applicable): Curriculum

|  |  |
| --- | --- |
| Intervention Sites | Brief List of PSE or Other Intervention Components  |
| Name AND PEARS Site ID\* | **FFY 2023** |
| 1. Name and ID | Description |
| 2. Name and ID | Description |
| 3. Name and ID | Description |
| 4. Name and ID | Description |
| 5. Name and ID | Description |

**\*** *Contact* *amlinares@ucanr.edu* *if you have difficulty locating your PEARS Site IDs*

**Evaluation Information:**

*Pre and post-tests should occur (roughly) within six weeks of the first day of school and within six weeks of the last day of school.*

**Intervention:**

|  |  |
| --- | --- |
|  | FFY 2023 |
|  PEARS Site ID | **PEARS Program Activity ID\*** | **Site Contact**(For LHD use only) | **Annual Target** | **Pre Date****(M/Y)** | **Post Date****(M/Y)** | **SLAQ** |
| 1. ID | ID | Name and contact info | n=60 | Date | Date | [ ]  |
| 2. ID | ID | Name and contact info | n=60 | Date | Date | [ ]  |
| 3. ID | ID | Name and contact info | n=60 | Date | Date | [ ]  |
| 4. ID | ID | Name and contact info | n=60 | Date | Date | [ ]  |
| 5. ID | ID | Name and contact info | n=60 | Date | Date | [ ]  |
| 6. ID | ID | Name and contact info | n=60 | Date | Date | [ ]  |
| 7. ID | ID | Name and contact info | n=60 | Date | Date | [ ]  |
| 8. ID | ID | Name and contact info | n=60 | Date | Date | [ ]  |
| 9. ID | ID | Name and contact info | n=60 | Date | Date | [ ]  |
| 10. ID | ID | Name and contact info | n=60 | Date | Date | [ ]  |
| 11. ID | ID | Name and contact info | n=60 | Date | Date | [ ]  |
| 12. ID | ID | Name and contact info | n=60 | Date | Date | [ ]  |

**\*** *PEARS Program Activity ID can be found on the summary page of your Program Activity once it has been entered into PEARS. Contact* *amlinares@ucanr.edu* *if you have difficulty locating your PEARS Program Activity IDs.*

**Required Behavioral Measure:** Eating and Activity Tool for Students (EATS)

 Data Collection Method: [ ]  Pencil and paper [ ]  Online (recommended)

 \**Tool and protocol can be found here:* <https://ucanr.edu/sites/ioe/>

**Required Site-level Assessment Tool (SLAQ):** Elementary or Out-of-School Site-level Assessment (SLAQ)

 \**Tools and resources can be found here:* <https://ucanr.edu/sites/SLAQ/>

**Attrition Information:**

|  |  |
| --- | --- |
|  | FFY 2023 |
| Intervention: | **Students present, pre\*** | **Students present, post\*** | **Students who declined to participate (EATS), pre** | **Students who declined to participate (EATS), post** |
| 1. Name |  |  |  |  |
| 2. Name |  |  |  |  |
| 3. Name |  |  |  |  |
| 4. Name |  |  |  |  |
| 5. Name |  |  |  |  |
| 6. Name |  |  |  |  |
| 7. Name  |  |  |  |  |
| 8. Name |  |  |  |  |
| 9. Name |  |  |  |  |
| 10. Name |  |  |  |  |
| 11. Name |  |  |  |  |
| 12. Name |  |  |  |  |

*\* Total students present at class that day, not the number taking the survey (though they may be the same)*

**Contact Information:**

**IOE Lead Contact:**

**Name:** Name **Email:** Email **Phone:** Phone

**Additional IOE Contact:**

**Name:** Name **Email:** Email

**Additional IOE Contact:**

**Name:** Name **Email:** Email