[Insert organisation name/logo]

# PROGRAM EVALUATION FEEDBACK FORMS

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**🖌Note\***

These forms are templates only, including sample questions you can ask in evaluation. Please adapt as required to evaluate your service or program area.

When developing your feedback form, consider what information you need to gather (e.g. what type of demographics are necessary and if asking demographic questions has an effect on the anonymity of the survey participants), what you want to assess (e.g. do you want to assess skills and knowledge or attitudes and behaviour) and ensure your questions are not abstract.

It is recommended that questions provide multiple choice tick box answers and likert scales when possible and that the survey is no longer than two pages. Always consider the language and layout used to fit the target audience – see the Communications Policy and the NADA Complex Needs Capable resource [www.complexneedscapable.org.au](http://www.complexneedscapable.org.au) for information on using plain and easy English.

\*Please delete all notes before finalising these forms.

[Insert organisation name/logo]

# [PROGRAM NAME] EVALUATION

## STAFF FEEDBACK FORM

This survey is anonymous and is used to give feedback on the value and outcomes of the **[insert program name]** delivered by **[insert organisation name]** developed and implemented over the **[insert timeframe].** Your feedback will be used to adapt and improve the program for future participants.

**🖌Note\***

Edit as necessary: ensure you identify clearly what the survey results will be used for, if it is anonymous, and if possible who will be collating the feedback.

It is also recommended to insert, delete or edit questions as necessary throughout the form as this template will not be 100% relevant to all program evaluation situations.

\*Please delete all notes before finalising these forms.

|  |  |
| --- | --- |
| **Date** |  |

### Demographics

**Place a tick in the box (☑) all that apply.**

**Current role**

**□** Management **□** Administration **□** Direct client services/client support

**□** Volunteer **□** Student **□** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work type**

**□** Full time **□** Part time **□** Casual

**Indicate your level of involvement in this program:**

**□** Direct involvement in planning **□** Direct involvement in implementing

**□** Direct involvement in monitoring **□** No direct role but are aware of the new program/

program changes

### Place a tick in the box (☑) that most closely reflects your view.

1. Before implementing this program how would you rate you knowledge of **[insert program information]**?

**□** Very good **□** Good **□** Neither good nor poor **□** Poor **□** Very poor

1. How would you rate your knowledge of **[insert program information]** now?

**□** Very good **□** Good **□** Neither good nor poor **□** Poor **□** Very poor

1. Do you think you will use the information and resources gathered, sourced and developed through this program?

**□** Yes definitely **□** Yes possibly **□** No **□** Don’t know

1. List the **two most useful things** you got from the implementation of this program?

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|  |

1. What positive impacts do you think this program has had on the service and/or clients?

|  |
| --- |
|  |

1. What negative impacts do you think this program has had on the service and/or clients?

|  |
| --- |
|  |

1. **[Optional: insert program specific question]?**

**□** Yes definitely **□** Yes possibly **□** No **□** Don’t know

1. **[Optional: insert program specific question]?**

**□** Very good **□** Good **□** Neither good nor poor **□** Poor **□** Very poor

**Rate your response to each question regarding the program.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How much did the program:** | **Very** | **Some what** | **Neutral** | **Not Really** | **Not at all** |
| 1. … improve your awareness and knowledge of **[insert program information]**? | **□** | **□** | **□** | **□** | **□** |
| 1. … improve your capacity/ability to **[insert program information]**? | **□** | **□** | **□** | **□** | **□** |
| 1. … improve your confidence in **[insert program information]**? | **□** | **□** | **□** | **□** | **□** |
| 1. How likely is it that the program will lead to improvement in your own work practice? | **□** | **□** | **□** | **□** | **□** |
| 1. How likely is that the program will lead to improvement in the work practice of **[insert organisation name]**? | **□** | **□** | **□** | **□** | **□** |
| 1. How worthwhile was the implementation of the program overall? | **□** | **□** | **□** | **□** | **□** |

1. Do you have any suggestions as to how the program could be improved?

|  |
| --- |
|  |

1. Are there any additional resources, information needs or activities you would like to see happen as a follow-up to this program implementation?

|  |
| --- |
|  |

1. Additional comments.

|  |
| --- |
|  |

**Thank you for your feedback, if you would like to discuss the program in detail please contact [insert contact name and details].**

[Insert organisation name/logo]

# [PROGRAM NAME] EVALUATION

## PARTICIPANT/CLIENT FEEDBACK FORM

This survey is anonymous and is used to give feedback on the value and outcomes of **the [insert program name]** you have participated in at **[insert organisation name].**

Your feedback will be used to adapt and improve the program for future participants and/or to assist **[insert organisation name]** in funding the program to continue in the future.

**🖌Note\***

Edit as necessary: ensure you identify clearly what the survey results will be used for, if it is anonymous, and if possible who will be collating the feedback.

It is also recommended to insert, delete or edit questions as necessary throughout the form.

\*Please delete all notes before finalising these forms.

|  |  |
| --- | --- |
| **Date** |  |

### Demographics

**Please tick the box (☑), all that apply.**

**Gender:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Fill in the blank)

**Age □** 18 – 25 **□** 26-35 **□** 36-45 **□** 46 – 55 **□** 56+

**Have you participated in any of the below before?**

**□** **[Insert organisation name]** residential program

**□ [Insert organisation name]** day program

**□** **[Insert organisation name]** aftercare program

**□** **[Insert organisation name]** family program

**□** Other drug and alcohol programs

**□** Other **[insert specific program type]** programs

**Did you participate in the full** **[insert program duration and name]?** **□** Yes **□** No

|  |  |
| --- | --- |
| **If no, how much of the program did you participate in?** |  |
| **If no, why didn’t you participate in the full program?** |  |

### Program evaluation

**Place a tick in the box (☑) that most closely reflects your view**.

1. Before participating in this program how would you rate you knowledge of **[insert program information]**?

**□** Very good **□** Good **□** Neither good nor poor **□** Poor **□** Very poor

1. How would you rate your knowledge of **[insert program information]** now?

**□** Very good **□** Good **□** Neither good nor poor **□** Poor **□** Very poor

1. Do you think you will use the information and resources provided in this program?

**□** Yes definitely **□** Yes possibly **□** No **□** Don’t know

1. List the **two most useful things** you got from this program?

|  |
| --- |
|  |
|  |

1. **[Optional: insert program specific question]?**

**□** Yes definitely **□** Yes possibly **□** No **□** Don’t know

1. **[Optional: insert program specific question]?**

**□** Very good **□** Good **□** Neither good nor poor **□** Poor **□** Very poor

**Rate your response to each question regarding the program.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How much did the program:** | **Very** | **Some what** | **Neutral** | **Not Really** | **Not at all** |
| 1. … improve your awareness and knowledge of **[insert program information]**? | **□** | **□** | **□** | **□** | **□** |
| 1. … improve your ability to **[insert program information]**? | **□** | **□** | **□** | **□** | **□** |
| 1. … improve your confidence to **[insert program information]**? | **□** | **□** | **□** | **□** | **□** |
| 1. How likely is it that the program will lead to improvement in your life? | **□** | **□** | **□** | **□** | **□** |
| 1. How informative / helpful was the **[insert program manager/ group leader]**? | **□** | **□** | **□** | **□** | **□** |
| 1. How engaging was the **[insert program manager/ group leader]**? | **□** | **□** | **□** | **□** | **□** |
| 1. How worthwhile was the program overall? | **□** | **□** | **□** | **□** | **□** |

1. Do you have any suggestions as to how the program could be improved?

|  |
| --- |
|  |

1. Are there any additional resources, information needs or activities you would like to see happen as a follow-up to this program?

|  |
| --- |
|  |

1. Do you have additional comments.

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| --- |
|  |

**Thank you for your feedback!**

**If you wish to tell us more please talk to [insert staff contact details] or add information to our suggestion box in the [insert location].**

[Insert organisation name/logo]

# [PROGRAM NAME] EVALUATION

## STAKEHOLDER FEEDBACK FORM

This survey is anonymous and is used to give feedback on the value and outcomes of the **[insert program name]** delivered by **[insert organisation name]** developed and implemented over the **[insert timeframe].** Your feedback will be used to adapt and improve the program for future participants.

**🖌Note\***

Edit as necessary: ensure you identify clearly what the survey results will be used for, if it is anonymous, and if possible who will be collating the feedback.

It is also recommended to insert, delete or edit questions as necessary throughout the form.

\*Please delete all notes before finalising these forms.

|  |  |
| --- | --- |
| **Date** |  |

### Demographics

**Place a tick in the box (☑) all that apply.**

**What best describes your organisation?**

**□** Non-government drug and alcohol organisation

**□** Other non-government/community organisation

**□** Government agency **□** Funding body

**□** Education or training organisation **□** Research body/institute

**□** Other

**Rate your response to each question below regarding the program by placing a tick in the box (☑) that most closely reflects your view.**

Over the last 12 months, how effective would you rate **[insert organisation and program name]** in the following.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How much did the program:** | **Very** | **Some what** | **Neutral** | **Not Really** | **Not at all** |
| 1. improving your awareness of **[insert program information]**? | **□** | **□** | **□** | **□** | **□** |
| 1. Improving your capacity to **[insert program information]**? | **□** | **□** | **□** | **□** | **□** |
| 1. Improving work practice of the organisation? | **□** | **□** | **□** | **□** | **□** |
| 1. **[Insert specific items for example improving referral pathways/increasing access]** | **□** | **□** | **□** | **□** | **□** |
| 1. **[Insert specific items for example improving referral pathways/increasing access]** | **□** | **□** | **□** | **□** | **□** |

1. What positive impacts do you think this program has had on the clients, the service or external organisations?

|  |
| --- |
|  |

1. What negative impacts do you think this program has had on the clients, the service or external organisations?

|  |
| --- |
|  |

1. Do you have any suggestions as to how the program could be improved?

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| --- |
|  |

1. Additional comments.

|  |
| --- |
|  |

**Thank you for your feedback!**

**If you would like to discuss the program in detail please contact [insert contact name and details].**