SPNS Cooperative Agreement Evaluation
Module 5: Technical Assistance Summary Form - Page 2 of 2
National Evaluation by The Measurement Group

Site	Sub-Provider	TA #	Technical Assistance Date	Hour	Length Minutes
			Month / Day / Year	○ am ○ pm	

Staff Providing Services #1 #2 #3 #4

9. Settings (all that apply)

- ○ Community (hotel, conference site)
- ○ Community Based Organization
- ○ Criminal Justice
- ○ Health Care
- ○ Physician Office
- ○ Religious
- ○ School/Educational
- ○ Social Service Agency
- ○ Workplace

Other

10. Depth of TA (one only)

○ Extremely In-Depth ○ Moderately In-Depth ○ Cursory

11. How TA Will Have Impact (all that apply)

- ○ Facilitate dissemination of information
- ○ Facilitate evaluation of program
- ○ Facilitate use of computer technology
- ○ Facilitate use of treatment technologies
- ○ Improve management decisions
- ○ Improve organizational functioning
- ○ Increase knowledge about HIV/AIDS content
- ○ Increase knowledge about services
- ○ Increase sensitivity among staff
- ○ Increase sensitivity to clients

12. Overall Needs and Impact of TA

1 Not at all **2** **3** **4** **5** Very Much

Please use the scale above to answer the following questions.

Need for TA

- Overall, how much did the agency need the requested TA?
- Overall, how ready is the agency to receive the requested TA?
- Overall, how much did/does the agency need related TA that was not requested?
- Overall, how ready is the agency to receive the related TA that is needed but was not initially requested?

Evaluation of impact

- Overall, how "open" were the TA recipients to the offered assistance?
- How well did the TA recipients understand-assimilate the offered assistance?
- Overall, how well will the TA recipients be able to implement the TA knowledge or skills into their organization without further TA?
- Overall, how well would the TA recipients be able to implement the TA knowledge or skills into their organization with further TA?

13. What are the appropriate follow-ups for the current TA effort? (all that apply)

- ○ None, TA is now complete
- ○ Additional sessions on the issues marked in section 8

(how many are estimated to be needed?)

- ○ Telephone follow-up
- ○ Face-to-face follow-up
- ○ Written diagnostic report
- ○ Full-scale training
- ○ Resource materials

14. Travel

a. Was travel required to the TA recipient? (car, air, rail, other) ○ Yes ○ No

b. Distance from TA provider to TA site? miles

15. Breadth of TA (all that apply)

- ○ General
- ○ Specific

16. Participants (all that apply)

A. Primary Caregivers

- ○ Mental Health Providers
- ○ Primary Health Care Providers (Medical/Dental)
- ○ Social Service Providers
- ○ Substance Abuse Treatment Providers
- ○ Support Health Care Personnel

Other

B. Other Participant Groups

- ○ Advocates (including attorneys)
- ○ Case Mgrs/Case Coordinator
- ○ CJS Workers
- ○ Community Services Providers
- ○ Counselors
- ○ Employers
- ○ Family Members
- ○ Grass Roots Organizations
- ○ Peer Advocates
- ○ Planning/Policy Makers
- ○ Religious Leaders
- ○ Service Recipients/Consumers/PWAs
- ○ Teacher/Educational Leaders/Academics
- ○ Young Adults: 19-25 years old
- ○ Youth: 12-18 years old

Other

17. Individuals Served, Contacted, or Reached

A. Gender

# of Males # of Females

○ **Actual Counts Used**

B. Race/Ethnicity

% African Am-Black
% Asian Am-Pac Island
% Caucasian-White
% Hispanic-Latino
% Native Am-Am Indian
% Other-Multiracial

○ **Actual %s Used**

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