**INSTRUCTIONS**

Below is a list of **program development** tasks and activities that AmeriCorps members may or may not be doing for your organization. Program development tasks and activities may help your organization increase the number of clients served, track types and amounts of program services provided, obtain client feedback, and track client outcome data.

1. Complete the Pre-Survey section **BEFORE or shortly after** the member(s) starts their service.
   1. Please enter N/A for any area where your organization/project/program is not interested in building capacity.
   2. Not at all = your organization cannot currently complete the specific task
   3. Very Capable = your organization can currently complete the specific task with ease
2. Complete the Post-Survey section **AFTER or shortly before** the member(s) complete their service.
   1. Only select items where you received AmeriCorps member support
   2. Please enter N/A for any area where your organization/project/program is not interested in building capacity.
   3. Not at all = your organization is still not capable of completing the specific task
   4. Very Capable = your organization is extremely more likely to complete the specific task
3. Return the survey to your campus partner

**PROGRAM DEVELOPMENT SURVEY**

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|  | **Your Capacity** | | | | | | | | | **Your Effectiveness** | | | | | | | | | |
| **Please select all that apply.**  How capable is your organization at completing the following tasks? | | | | | | | | | **Please only select items where you received support from an AmeriCorps member.**  How capable is your organization to complete the following tasks after having received AmeriCorps member service? | | | | | | | | | |
|  | Not at all |  | | Somewhat Capable | |  | | Very Capable | N/A | Not at all |  | | Somewhat Capable | |  | | Very Capable | | N/A |
| Training, Event, and Program Development | | | | | | | | | | | | | | | | | | | |
| Organized staff or volunteer training workshops |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |
| Development of program training modules |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |
| Development of curriculum for new or existing program(s)/event(s) |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |
| Creation of an operations manual for new or existing program(s)/event(s) |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |
| Development or implementation of a new program(s)/event(s) |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |

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|  | **Your Capacity** | | | | | | | | | **Your Effectiveness** | | | | | | | | | |
| **Please select all that apply.**  How capable is your organization at completing the following tasks? | | | | | | | | | **Please only select items where you received support from an AmeriCorps member.**  How likely is your organization to complete the following tasks as a result of AmeriCorps members service? | | | | | | | | | |
|  | Not at all |  | | Somewhat Capable | |  | | Very Capable | N/A | Not at all |  | | Somewhat Capable | |  | | Very Capable | | N/A |
| Community-based Research: Carrying out community-based research project(s), including: | | | | | | | | | | | | | | | | | | | |
| Development of a survey to research community need |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |
| Regular data analysis performed on research |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |
| Established program assessments or evaluation |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |
| Regular data collection for tracking/reporting |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |
| Evaluating community needs by GIS mapping |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |
| Established process to collect oral histories from clients/community members |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |

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| How has improving your organization’s programs helped your beneficiaries? |
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**DEMOGRAPHICS**

The following pages ask questions about your organization’s demographics. Please answer the questions to the best of your ability. If you are unsure how to answer a question, please leave it blank.

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| What type of community need is your organization trying to meet? Please select all that apply. | | |
| ⬜ | **Disaster Services** | Concerns regarding the preparation, mitigation, response, and recovery efforts that relate to disaster events. |
| ⬜ | **Economic Opportunity** | Addresses unmet needs of economically disadvantaged individuals, including financial literacy, affordable housing, and employment‐related assistance. |
| ⬜ | **Education** | Topics related to unmet educational needs within communities, especially those that help at-risk youth to achieve success in school and prevent them from dropping out. |
| ⬜ | **Environmental Stewardship** | Matters regarding energy and water efficiency, renewable energy use, at-risk ecosystems, and behavioral change leading to increased efficiency. |
| ⬜ | **Healthy Futures** | Addresses unmet health needs, including access to health care, increasing physical activity and improving nutrition in youth, and increasing seniors’ ability to remain in their own homes. |
| ⬜ | **Veterans and Military Families** | Addresses unmet needs of veterans, members of the armed forces, and family members of deployed military personnel. |
| What is the name of your organization? | | |
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| If applicable, what is the name of your program/project receiving AmeriCorps services? | | |
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| Please provide any additional comments or questions you may have regarding your experience with the Iowa College AmeriCorps Program. | | |
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