



SITE VISIT QUESTIONNAIRE

Program Name _____ Date of Visit _____

Name(s) and Title(s) of person(s) with whom you conferred _____

Name(s) of Reviewer(s) _____

A. STAFF INTERVIEW:

1. Is the program operating during the days and hours you expected? If not, explain?

2. Are the program activities the same as those you proposed or have there been changes? If changes, please elaborate.

3. What mechanisms are in place to assure staff coordination (staff meetings, weekly supervision, etc.)?

4. Are you serving the number of participants you expected? If not, explain.

5. How are program participants recruited, and could this be improved?

6. Once recruited, how are participants made aware of the program activities and services that are available?

7. Do participants have the demographic characteristics you expected (i.e. Income, family size, ethnicity, age, etc.)? If not, explain. _____

8. Is the geographic area served by the program what you expected? If not, explain.

9. What are the program's objectives? (Refer to Objectives & Outcomes form submitted with 2021-2023 grant request.) _____

10. Discuss how the program's activities relate to these objectives? (Refer to Objectives & Outcomes form submitted with 2021-2023 grant request.) _____

11. How successful has the program been in achieving these objectives in the past year, and what tools were used to measure this? (Refer to Outcome & Objectives form submitted with 2021-2023 grant request.)

12. Discuss any barriers or challenges to achieving these objectives and what, if any, modifications will be made to the program in the next year. _____

13. What other program issues will staff be focusing on in the next year? _____

14. What is staff most proud of? _____