**Evaluation Plan Rubric**

|  |  |
| --- | --- |
| Grantee Name | Click here to enter text. |
| Grant Size | Large [ ]  Small [ ]  Average CNCS Funding: Click here to enter text. |
| Grant Cycle | Click here to enter text. |
| Year in Grant Cycle | Click here to enter text. |
| Proposed Evaluation Design | Process [ ]  | Outcome (Non-experimental) [ ]  | Impact (QED) [ ]  | Impact (RCT) [ ]  |

**Evaluation Plan Compliance with CNCS Requirements**

|  |  |
| --- | --- |
| The evaluation plan proposes to measure the impact of service on (check all that apply) | AC members Service beneficiaries Community [ ]  [ ]  [ ]  |
| The evaluation plan proposes to evaluate at least one year of CNCS-funded service activities. | Yes [ ]  No [ ]   |
| Does the plan align with the CNCS-required timeline? (Plan submitted during recompete application, with report ready for next recompete application.) | Yes [ ]  No (see below) [ ]   Click here to enter text.  |
| Has the grantee previously completed an evaluation? If so, was it an impact evaluation?Please add details of past evaluation: | Yes [ ]  No [ ]  Yes [ ]  No [ ]   Click here to enter text.  |
| The evaluation plan includes all required sections | Yes [ ]  No (see below) [ ]   |
| Large grantees only: Grantee is proposing an impact evaluation (QED or RCT) | Yes [ ]  No [ ]  N/A [ ]  |
| Large grantees only: Grantee is proposing an independent (i.e., external) evaluation | Yes [ ]  No [ ]  N/A [ ]  |
| Large grantees only: Independent/external Evaluator Qualifications | Click here to enter text. |

**Evaluation Plan Review Summary:**

**Click here to enter text.**

**Evaluation Plan Quality (S=Satisfactory; NI=Needs Improvement; M=Missing)**

|  |  |  |
| --- | --- | --- |
| Purpose and Scope S NI M  | Strengths | Areas for Improvement |
| Are clearly stated [ ]  [ ]  [ ]  |  |  |
| Are appropriate given [ ]  [ ]  [ ] program specifics and place in program life cycle |
| Specifically focus on and/or [ ]  [ ]  [ ] include a discussion of AmeriCorps program impact (notoverall organizational impact) |
| Specifically address evaluation of [ ]  [ ]  [ ] OneStar funded programs(if the grantee is part of a larger national organization)  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program Background and Theory of Change | S | NI | M | Strengths | Areas for Improvement |
| Provides a summary of the need or problem that the program is supposed to address | [ ]  | [ ]  | [ ]  |  |  |
| Describes the program’s theory of change  | [ ]  | [ ]  | [ ]  |
| Summarizes previous research about program or similar programs | [ ]  | [ ]  | [ ]  |
| Includes a complete logic model describing inputs, activities, outputs, and short, medium, and long term outcomes | [ ]  | [ ]  | [ ]  |
| Identifies which program components and outcomes of interest the evaluation will focus on | [ ]  | [ ]  | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Evaluation Research Questions | S | NI | M | Strengths | Areas for Improvement |
| Are clear, specific and measurable | [ ]  | [ ]  | [ ]  |  |  |
| Are clearly connected to the theory of change and/or logic model | [ ]  | [ ]  | [ ]  |
| Are relevant to the grantees’ purpose and scope of the evaluation | [ ]  | [ ]  | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Evaluation Design | S | NI | M | Strengths | Areas for Improvement |
| Is clearly connected to the theory of change and/or logic model | [ ]  | [ ]  | [ ]  |  |  |
| Is appropriate for the research questions | [ ]  | [ ]  | [ ]  |
| Provides a rationale for the design selected and an assessment of its strengths and limitations | [ ]  | [ ]  | [ ]  |
| Defines the study group(s) and describes how they will be recruited (if applicable) | [ ]  | [ ]  | [ ]  |
| Defines how participants will be sampled (if applicable) – *If the program is multi-site then sampling across the sites should be addressed* | [ ]  | [ ]  | [ ]  |
| Defines what comparison group will be used, and how it will be recruited (if applicable) | [ ]  | [ ]  | [ ]  |
| Describes who will be responsible for carrying out the evaluation and their qualifications | [ ]  | [ ]  | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Data Collection Plan | S | NI | M | Strengths | Areas for Improvement |
| Specifies what information will be collected | [ ]  | [ ]  | [ ]  |  |  |
| Identifies sources of data | [ ]  | [ ]  | [ ]  |
| Describes any tools or instruments that will be used | [ ]  | [ ]  | [ ]  |
| States when data will be collected and by whom | [ ]  | [ ]  | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Analysis Plan | S | NI | M | Strengths | Areas for Improvement |
| Specifies the analysis techniques that will be used | [ ]  | [ ]  | [ ]  |  |  |

|  |  |  |
| --- | --- | --- |
| Report and Dissemination PlanS NI M  | Strengths | Areas for Improvement |
| Indicates that the program plans to [ ]  [ ]  [ ] submit a final summary report and includes timeline for report release |  |  |
| Includes a description for how the [ ]  [ ]  [ ] program will disseminate and use the results of the evaluation  |
| Indicates that the final report will [ ]  [ ]  [ ] include discussion of areas of future exploration/study including any current limitations of the evaluation |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Timeline and Budget | S | NI | M | Strengths | Areas for Improvement |
| Includes implementation timeline including components as applicable (planning, IRB clearance, sampling/comparison group identification, instrument creation, data collection, analysis, report writing, etc.)  | [ ]  | [ ]  | [ ]  |  |  |
| Offers an estimate of costs, and explains what costs are included | [ ]  | [ ]  | [ ]  |

**Action Items Required for Approval:**

**Action Item #1:** Click or tap here to enter text.

**Action Item #2:** Click or tap here to enter text.

**Action Item #3:** Click or tap here to enter text.

**Action Item #4:** Click or tap here to enter text.

**Action Item #5:** Click or tap here to enter text.

**Action Item #6:** Click or tap here to enter text.

**Action Item #7:** Click or tap here to enter text.

**Action Item #8:** Click or tap here to enter text.

|  |  |
| --- | --- |
| Approval for use |  |
| Is this evaluation approved per OneStar staff reviewer? | Yes [ ]  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| OneStar staff reviewer name: | Click here to enter text. |
| Date review completed: | Click here to enter text. |