

Outcome / Output Program Plans Worksheet

This document was developed to help you develop your outcome and output program plans. The suggested way to use this is to simply print it off and use it as a scratch sheet to develop your outcome and output programs. The first three pages are the outcome / output program plan design. The additional sheets are attached to provide the planned actions you are going to develop to address the issue. You may use all these attached sheets or just some of them. You may also need more planned action sheets. If that is the case, please feel free to copy as many as you need.

Please keep in mind that this is developed to be a step-by-step guide through the online entry system. So, these are the same steps and information you will be providing when entering the plan.

Also, remember that action plans from data summits are available at:

<http://futuresforum.tamu.edu/datasummit/>

This site will be helpful to you when developing your plans. The information on this site is especially useful when reviewing the background of the situation, target audience identification, and outcome indicators.

**Program Plan
County (number) - (Program Year 2005)**

Getting Help.....(LINK)

Section 1.

Plan Number: _____

Subject of Plan: _____
(This is a brief title that characterizes program focus)

Intended Client Change Level (Choose Highest Level): *(Select One)*

- Outcome - Behavior - Change*
- Outcome - Adoption of Best Practice*
- Outcome - Adoption of New Technology*
- Outcome - Attitude*
- Outcome - Skills*
- Outcome - Knowledge*
- Output - Customer Satisfaction*
- Output - Clientele Feedback*

Month in which progress/outcome information will be available: _____

Personnel of Extension personnel in this unit involved in implementing the Program Plan: _____

Special Program Identifier Codes
Special Program Identifier #1 _____

Special Program Identifier #2 _____

Special Program Identifier #3: _____

State Goal Number *(Select One)*

- 1 Health, Safety & Well-Being*
- 2 Environmental Stewardship & Natural Resources*
- 3 Economic Competitiveness, Viability, and Stability*
- 4 Life Skills and Leadership*

Enter Background Situation Information (description of the problem here):

Section 2

ANNUAL GOAL

Identify Target Audience: (*This is a general description of the audience*)

Total Number of People in this audience: _____

Number of People in this Audience to be Reached by this Program (counted once): _____

Total contact number estimated to be reported by year's end (including repeats): _____

Section 3

Plan for measuring client change identified in Section 1

(This is required if an outcome-related change is identified.)

Design for data collection: (*Select One*)

NA
Before and After Measurement
Post Program Measurement Only

Data collection method: (*Select One*)

NA
Assessment by Group (*Focus Group*)
Case Study
Direct Observation
Individual Measurement
Interview of Participants
Questionnaire
Mailed Survey
Testing
Other

Data collection method number two (optional): (*Select One*)

NA
Assessment by Group (*Focus Group*)
Case Study
Direct Observation
Individual Measurement
Interview of Participants
Questionnaire
Mailed Survey
Testing
Other

Outcome indicator(s) this evaluation will use to measure goal attainment include:

Describe specifically what immediate or intermediate indicators of change will be measured; i.e., if learning/skill, identify the skill that is to be learned/evaluated. If learning/knowledge, what specific information the learner will be evaluated on. If behavior change, identify the specific client behavior. If practice or technology application, list actual practice(s) or technology to be adopted.

Section 4
Time Allocation to this Program
(260 staff days = 1 year)

Total staff-days of professionals: _____

Total staff-days of paraprofessionals: _____

Section 5
Volunteers & Collaborations

Number of volunteers in program implementation, if any (counted once): _____

Number of collaborations supporting this program, if any: _____

Describe collaborations:

Submit Plan (CLICK JUST ONCE!!)

Planned Actions to Implement Outcome Program
County (number) -

Getting Help.....(LINK)

Outcome Program Plan Number: _____

Beginning Month: _____

Method: *Select One*

Group Meeting
Individual Contact
Mass Media
Professional Development

Subject Topic: _____

Activity (Brief description):

Suggestion: Use punctuation, numbering, etc to make multiple activities more readable.

*Names of Extension personnel involved in this activity:

No. of volunteers involved in implementing this activity: _____

Total volunteer hours estimated for this activity: _____

* If you will want to retrieve this planned activity using your own name, be sure to enter your name in the 'Personnel involved' field.

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