

Immunization Program Evaluation Plan Template June 2008

Grantee: _____
 This form completed by: _____ Title: _____
 Evaluation Lead Name: _____ Title: _____
 Evaluation Lead Phone #: _____
 Evaluation Lead Email: _____
 Projected start date for implementing this evaluation plan: _____
 Projected end date for implementing this evaluation plan: _____

A. Program Component(s) - Specify the component you will be evaluating.

Adolescent vaccination Population Assessment
 Adult vaccination AFIX (Provider Quality Assurance)
 Education/training Surveillance
 IIS Vaccine management and accountability
 Perinatal hepatitis B Women Infants and Children Program

 Other If checked, please specify: _____

B. Please BRIEFLY list which activity or activities within the above component you plan on evaluating.

C. Evaluation Goal(s) - State the goal(s) related to the component/activity you have chosen. Refer to Chapter 2, Page 11 of the Guide to Immunization Program Evaluation for help with this section.

D. Stakeholders - Fill out the table below. Note: This table is a combination of Tables 1 and 2 in the Guide; therefore, it should include members of the evaluation team. Refer to Chapter 1, Pages 7-10 and Chapter 2, Page 12 of the Guide to Immunization Program Evaluation for help with this section.

Tables 1 and 2: Stakeholder Assessment and Engagement				
Group Name OR Person's Name and job title	Interests in or perspectives about the evaluation	Roles in the evaluation	Responsibilities in the evaluation	How and when to engage

E. Describing the program component/activity. Briefly describe the following aspects of the component/activity you are evaluating. Note: Please provide a more detailed description if the activity you are evaluating is new or not well established (e.g. activities related to adolescent vaccinations). Refer to Chapter 2, Pages 13-14 of the Guide to Immunization Program Evaluation for help with this section.

Background:

Context:

Stage of Development:

Target population:

Objectives:

F. Fill out the table below. You may choose to describe the entire component or the specific activity or activities within the component that you are evaluating. Note: This table should represent the current status of the component or activity NOT where you would like to be in the future. Refer to Chapter 2, Pages 15-17 of the Guide to Immunization Program Evaluation for help with this section.

Table 3: Program Component/Activity Description					
Inputs	Activities		Outputs	Outcomes	
	Initial	Subsequent		Short-/Mid-term	Long-term

G. Optional – If you have created a logic model in addition to Table 3, please submit your logic model as an attachment (instructions will be provided in PAPA). Refer to Chapter 2, Page 17 of the Guide to Immunization Program Evaluation for help with this section.

H. Focusing the evaluation and Data Collection and Analysis - Fill out the table below. Note: The number of questions and indicators per question can vary. For each indicator, you need to develop a target and BRIEFLY list/describe the data sources and the method, timeline and person responsible for data collection and analysis. Refer to Chapter 2, Pages 18-29 of the Guide to Immunization Program Evaluation for help with this section.

Table 8: Data Collection and Analysis				
INDICATOR(S)	TARGET(S)	DATA SOURCE(S)	DATA COLLECTION	ANALYSIS
Evaluation Question #1:				
Indicator 1			Method: Timeline: Person Responsible:	Method: Timeline: Person Responsible:
Indicator 2			Method: Timeline: Person Responsible:	Method: Timeline: Person Responsible:
Evaluation Question #2:				
Indicator 1			Method: Timeline: Person Responsible:	Method: Timeline: Person Responsible:
Indicator 2			Method: Timeline: Person Responsible:	Method: Timeline: Person Responsible:
Evaluation Question #3:				
Indicator 1			Method: Timeline: Person Responsible:	Method: Timeline: Person Responsible:

I. Ensuring use and sharing lessons learned - Fill out the table below. Note: We understand that this portion of your evaluation will occur in the distant future but please provide your best estimate. Refer to Chapter 2, Page 30-31 of the Guide to Immunization Program Evaluation for help with this section.

Table 9: Disseminating Findings				
TARGET PERSON OR GROUP'S NAME	TARGET'S EVALUATION USE(S)	DISSEMINATION ITEMS AND METHODS	TIMELINE FOR DISSEMINATION	PERSON RESPONSIBLE

END EVALUATION PLAN

This document can be found on the CDC website at:

http://www.cdc.gov/vaccines/programs/progeval/downloads/ipe_eval_plan_template_06-2008.pdf