

Immunization Program Evaluation
2008 Evaluation Plan Review and Feedback Form
Updated July 30, 2008

Grantee State/City Name: _____

ISD Reviewer(s) Name(s): _____

Review Date: _____

Component: _____

Activity: _____

Implementation Start Date (check one)

Provided; No revision recommended

Provided; Recommend it be delayed (specify under comments)

Provided; Recommend it be moved up (specify under comments)

Not provided

Comments: _____

Implementation End Date (check one)

Provided; No revision recommended

Provided; Recommend it be delayed (specify under comments)

Provided; Recommend it be moved up (specify under comments)

Not provided

Comments: _____

B. Activity (ies) (check one)

Provided; No revision recommended

Provided; Revision recommended (specify under comments)

Not provided

Comments: _____

C. Goal(s) (check one)

Provided; No revision recommended

Provided; Revision recommended (specify under comments)

Not provided

Comments: _____

D. Stakeholders

Provided; No revision recommended

Provided; Revision recommended (**check all that apply**)

DOES NOT include staff at the program (i.e. "evaluation team")

All cells for each stakeholder are NOT completed
 Not provided

Comments: _____

E. Component/Activity Description

E1. Background (check one)

Provided; No revision recommended
 Provided; Revision recommended (specify under comments)
 Not provided

Comments: _____

E2. Context (check one)

Provided; No revision recommended
 Provided; Revision recommended (specify under comments)
 Not provided

Comments: _____

E3. Stage of Development (check one)

Provided; No revision recommended
 Provided; Revision recommended (specify under comments)
 Not provided

Comments: _____

E4. Target population (check one)

Provided; No revision recommended
 Provided; Revision recommended (specify under comments)
 Not provided

Comments: _____

E5. Objectives

Provided; No revision recommended
 Provided; Revision recommended (**check all that apply**)
 One or more objectives are NOT SMART (Specific, Measurable, Achievable, Realistic, Time-bound)
 One or more objectives DO NOT relate to the goal(s)
 Not provided

Comments: _____

F. Table 3 – Program component/activity description

Provided; No revision recommended

- Provided; Revision recommended (**check all that apply**)
 - DOES NOT reflect current status of component/activity
 - One or more columns are NOT completed
 - Inputs DO NOT meet definition (as defined in the Guide to IPE)
 - Activities DO NOT meet definition (as defined in the Guide to IPE)
 - Outputs DO NOT meet definition (as defined in the Guide to IPE)
 - Outcomes DO NOT meet definition (as defined in the Guide to IPE)
- Not provided

Comments: _____

G. Logic Model (*Optional for the 2008 plan.)

- Provided; No revision recommended
- Provided; Revision recommended (**check all that apply**)
 - DOES NOT reflect current status of component/activity
 - Content IS NOT similar to Table 3
- Not provided

Comments: _____

H. Table 8 - Data Collection and Analysis

- Provided; No revision recommended
- Provided; Revision recommended (**check all that apply**)
 - One or more questions DO NOT have at least one indicator
 - One or more indicators DO NOT have a target, data source, data collection and analysis items
 - One or more indicators DO NOT relate to their question
 - Data collection and analysis methodology for one or more indicators NEEDS to be revised
 - Timeline for data collection and analysis for one or more indicators NEEDS to be revised
- Not provided

Comments: _____

I. Table 9 - Disseminating Findings

- Provided; No revision recommended
- Provided; Revision recommended (**check all that apply**)
 - DOES NOT include staff at the program (i.e. "evaluation team")
 - DOES NOT include all the stakeholders (Table 1 and 2)
 - All cells for each target ARE NOT completed
- Not provided

Comments: _____

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/progeval/downloads/eval-prf-form-2008.pdf>