

Boston Youth Arts Evaluation Project

Workbook



Boston Youth Arts Evaluation Project Workbook

1st Edition

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The Boston Youth Arts Evaluation Project has been supported by generous funding from the Barr Foundation.

Cover art by Raw Art Works alumnus, Thonah Ep.

All quotes from youth in this publication have had their names changed to respect confidentiality.

Printed by Gangi Printing, Somerville, MA, USA.

The Boston Youth Arts Evaluation Project: www.byaep.com

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Evaluation is the systematic collection of information about the activities, characteristics, and results of programs to make judgments about the program, improve or further develop program effectiveness, inform decisions about future programming, and/or increase understanding.

(Patton, 2008, p. 39)

Youth arts practitioners informally evaluate our participants and process in the arts every day. We additionally critique, revise, adjust, and assess our creations as we design dances, paintings, public pieces of art, and works in theater. This workbook contains tools to help us more formally assess our desired outcomes in youth arts development, helping us better understand the lives of youth and how we can improve our programs to better meet their needs.



Your Evaluation Plan and Logic Model

10 Steps in Designing an Evaluation Plan

1. **WHO IS ON OUR TEAM?** Identify stakeholders and your evaluation team, including staff, early in the process. Getting input from all of your staff members on the design of the evaluation tools is very important.

2. **WHAT DO WE VALUE?** Define the “sacred bundle” (the creative soul of the work that you do). Develop a strong logic model and clear theory of change. Do this with your team (not in isolation) in order to get buy-in from a diverse and rich knowledge base.

Logic Model: This is a template that can be used for your organization’s logic model. There are many resources in the bibliography if you need help in logic model design and implementation. Also, please see examples on the Massachusetts Cultural Council Youth Reach site that incorporate very similar outcome areas.

http://www.massculturalcouncil.org/creative_minds/news_stories.asp?link_id=11#Logic

Organization and Mission				
Conditions (The way it is now)	Inputs (What you invest in) Opportunities, Positive Climate, Connections	Activities (Your programs and services)	Outputs (Things that can be counted)	Outcomes (The way you want it to be) I CREATE, I AM, WE CONNECT
Current conditions, challenges, and needs	Resources Constraints	Programs and services	Measurable products # of sessions held # of participants # of hours	<p>Short term: What you expect to see during your program year</p> <p>Intermediate: What you want to see</p> <p>Long term: What you hope to eventually see</p>
Theory of Change: If we do this... then we are looking for this change to happen...				

3. **WHAT DO WE ASK?** Define the indicators/outcomes in your logic model and then develop evaluation questions that align with your logic model. Indicators should be Specific, Measureable, Action-oriented, Realistic, and Timed (SMART). Make sure, too, that the questions connect with your “Sacred Bundle.”

4. **WHAT WILL IT COST?** Budget an amount between 5-10% of your project’s total budget for evaluation. Know that evaluation is time-intensive and that there is significant effort and time needed for the next six steps.

5. **WHO OWNS THIS?** Find out who will take on the evaluations. Will this be handled with staff on hand and/or external evaluators or consultants? This time-intensive process requires ownership and a clear assessment of skills and resources (especially time) needed.

6. **WHAT CAN WE GATHER?** Plan how you will collect the data as you assess the resources and skills available. Determine what data you need to collect and be careful not to collect data that is “interesting” but can easily lead to “data burn-out.”

7. **HOW WILL WE GATHER IT?** Collect both qualitative (descriptive information) and quantitative (information that can be counted) data. Determine what information is most valuable and how you will obtain it in order to best assess your outcomes.

8. **WHAT DOES IT ALL MEAN?** Analyze and understand your findings. Determine what you can assess yourselves and where you may need technical assistance and statistical analysis.

9. **WHAT AND WHO CAN WE TELL?** Communicate findings to participants, staff, and stakeholders. Report on what you wanted to do, what you did, how you did it, what you learned, and what you might want to change going forward.

10. **HOW CAN WE IMPROVE?** Make practical use of the results by reflecting it back to your programs. Use what you have learned to inform program improvements and to better assess and meet the needs of youth, staff, and community.

BYAEP's Guidelines for Citing BYAEP Tools and Creating Your Own Questions

"Measure what you value, and others will value what you measure." (Bare, 2005)

These BYAEP tools are not meant to be used in a "cookie cutter" fashion; rather, they are an example of how to build tools that directly relate to the key ingredients and key outcomes in youth arts development programs. These tools can be used by other organizations, but we first recommend a thoughtful process to determine how the BYAEP Framework (our Logic Model) relates to your organization. Consider what you need to revise and how you can build questions that directly relate to the indicators of your outcomes. Please cite us when you are publishing or submitting research based on BYAEP material. With this version of tools please use the citation: "Boston Youth Arts Evaluation Project (BYAEP). (2012). Boston Youth Arts Evaluation Project Handbook and Workbook. Boston, MA." This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License (details are available at <http://creativecommons.org/licenses/by-nc-sa/3.0/>) This copyright allows for the use by others including derivative works as long as the creators share alike. It does not allow for commercial use.

Designing your own tools can be challenging for those new to the process. We found the suggestions from the YouthArts Toolkit (Farum, 1998) to be helpful as we designed our tools. Below are their suggestions and our adaptations of them.

- Use clear, simple language that all respondents will be able to comprehend.
- Make sure the questions ask what you want to know.
- Each question should ask about only one thing. *We were guilty of combining elements and found it very difficult to simplify.*
- Avoid generalizations; each question should be specific.
- Do not use a leading question (one that suggests that there is a preferred response).
- Make sure respondents understand what you are asking. *All of our tools were reviewed by recent alumni in order to better gain an understanding of appropriate wording.*
- Identify whether the respondent should mark one choice or multiple choices that apply.
- Response choices should be comprehensive and exclusive so that the choices do not overlap. *We decided to include "unsure" and debated if "not applicable" was necessary.*

Also, consider asking yourself these questions:

- Do you have a strong balance of multiple choice and open-ended questions that give youth adequate opportunity to share their voice, while not being led into answers?
- How will you design your questions for effectiveness of reporting?
- Are questions phrased in such a way that reporting on them actually means something to your programs, staff, and/or funders?
- Are they appropriate for your age group, written in language that youth understand, and are these questions clearly linked to your program's indicators and outcomes? *We spent three years refining our questions. We continue to refine them as needed.*
- How will your open-ended answers to questions and quotes from youth be analyzed? Are you equipped to handle the volume of responses?
- Who will be doing inputting and sorting through all your data? Do you have skilled interns that can help?

Administering the BYAEP Evaluations

Prep for Evaluations

It is important for staff, youth participants, and the parents of youth to be informed about the implementation and use of your evaluations. Clearly state the purpose of the evaluations, approximately how much time the process will take, and how often they will be administered. Additionally, be clear on how the data will be used, how confidentiality will be respected, and how fictitious names may be used with any qualitative data you report. We shared the fact that the BYAEP evaluation tools were created with the input of youth and our staff. They continue to be refined based on critiques of young people and staff members.

It is also important to keep the following requirements in mind when you are working with young people (adapted from Harris, 2011):

1. Please consult the Institutional Review Board (IRB) guidelines if you are working in a program that is affiliated with an institution (i.e., colleges, federal organizations, and some state and local agencies) that has an ethics review board like the IRB. This is important because you will need its approval before implementing your evaluation plan and collecting data. For more specifics, please see <http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/GuidancesInformationSheetsandNotices/ucm113709.htm>
2. If your evaluation or survey collects identifying information (e.g., names, social security information, date of birth) you need to get “informed consent” from parents/guardians. To do so, you could include a half-page document in your organization’s permission packet stating:

(Your organization’s name) will be conducting beginning self-evaluations, final self-evaluations and program evaluations. The purpose of these evaluations is to hear directly from youth in order to learn more about them and to further improve the relevance and quality of our programming. These evaluations take place in the fall and spring of each year. It is important for you to know that the participation of youth is voluntary and their responses will remain anonymous. Responses of each youth will be combined with the responses of other group participants. When we report the results of the evaluations, we will not use the youth’s name, but may use a fictitious name if quoting from the evaluations. The information may be shared with our program staff, and our funders, and will occasionally be used in our promotional materials.
I agree to participate,

_____ *Signature of parent/guardian*

_____ *Signature of youth in program.*

If you have any questions about this project, you may contact me at (phone number).

Other Guidelines for Use of the BYAEP Tools

- Evaluations should be given during the first three weeks and the final two weeks of programming (assuming a 9-month program).
- Only ONE Self-Evaluation needs to be done by each student. If students are involved in more than one group, they should take the evaluation in the first group where evaluations are given.
- Have an incentive/reward on-hand for youth who complete the evaluation (this could be a special snack, lollipops, a free pen, or other token of appreciation.)
- If youth are not completing the evaluations on computers, have new pens ready for them to use. Photocopy the evaluations on colored paper so it feels a bit more “fun” and less associated with tests at school.
- Clearly write the youth’s ID number on the evaluations before handing them out.
- Create a cultural feeling of respect, organization, and care in administering the evaluations, among both staff and youth.



Administering the Beginning Evaluations

There are many ways to introduce the evaluations. Here is the type of script we used each time we administered the evaluations, revising it slightly for the population and the time of the year.

You have the opportunity to let your voice be heard in this organization. This is voluntary, not mandatory, and this survey will be given in September and in May. This is not a test of any kind; there are no right answers, it's just important that you are honest. This can help us to better understand how what we do here affects you, so we can plan our programs better and find better ways to evaluate and report on the programs here. So, the more honest you are the clearer picture we'll get. Please answer the questions according to what you think and feel now. At the end please let us know how it felt to participate in this process. After completing the evaluation and turning it in, you may receive a treat of ____ (food or incentive of some sort.) I am going to give you a few minutes to fill out the first page and then I need to read some instructions out loud. (Read the 1-5 scale instructions aloud).

INSTRUCTIONS: When you come to the boxes of multiple choices, you want to:

Check NO! If you strongly disagree with this sentence or you almost never feel this way.

Check no if you disagree with this sentence or you do not feel this way most of the time.

Check ? If you are unsure of how you feel or you neither agree nor disagree.

Check yes if you agree that this sentence is true for you or you feel this way a lot of the time.

Check YES! If you strongly agree with this sentence or you feel this way almost all of the time.

NOTE: Feel free to read other portions of the evaluation questions aloud if the whole group needs to stay focused. Also, without drawing extra attention to them, assist youth who may have learning challenges or may not read English well. If applicable, provide Spanish and other versions of your evaluation.



Youth may find evaluations easier to complete when they get to wear wigs and eat animal crackers!

Administering the Final Self-Evaluations, Program Evaluation, and Artistic Response

- Evaluations should be given in your final two weeks of programming.
- ALL students need to complete a Program Evaluation and an Artistic Response.
- Only ONE Self-Evaluation needs to be done by each student. If youth are involved in more than one group, they should take the evaluation only in the first group where evaluations are given.
- For the Final Self-Evaluation follow instructions for the Beginning Self-Evaluation and the “script” that accompanies it, also stating: *“Many of you took this survey in the beginning of the year and now you get to take it again! This survey has an additional two parts – a Program Evaluation and your Artistic Response for the year. The Artistic Response, where you choose one thing to draw about, is very important! It is a great way for us to hear from you in your artistic voice. So, please take some time to think about it and fully complete it with a brief piece of writing to describe it.”*
- After the evaluations are complete and youth are turning them in, check to see if they: did the drawing on the Drawing It Out section, left any sections blank, or were confused by any questions.

Other Forms of Evaluation You May Consider:

- **Focus Groups:** A small group (usually 8-12 people) is gathered and asked about thoughts, feelings, and ideas related to a small number of questions.
- **Observations:** Watching for and recording individuals, teachers, patterns, and themes in order to assess how outcomes are achieved (or not) in classes/sessions.
- **Case studies:** Similar to above but written about an individual.
- **Journal, logs:** Written accounts by individuals that document their involvement in a program on a regular basis over time.
- **Photographs, videotapes:** A visual capture of success and change over time.
- **Portfolio reviews:** Artwork, music, dance, theater work seen over time.

BYAEP Tools

FIVE BYAEP TOOLS

1. **Beginning Self-Evaluations and Final Self-Evaluation:** Youth fill out Self-Evaluations in the first three weeks of the program and in the last two weeks of the program in order to measure the short-term program impact.
2. **Program Evaluations:** Youth evaluate the programs in which they are involved in May/June or when the program ends.
3. **Artistic Response (or “Drawing it out”) and “This program is like...”:** Youth respond in a drawing and in creative statements at the end of the program to what they feel has changed due to their experience in their program.
4. **Teacher Evaluations:** Teachers assess the youth in the beginning and end of the program (often October and May/June).
5. **Alumni Surveys:** Program graduates complete an extensive survey on-line or in hard-copy form.

We have also included in the back of this Workbook examples of worksheets we used and an example of how the BYAEP framework was adapted for younger youth.

BYAEP Beginning Self-Evaluation Template

We would like to have feedback from YOU. This information will help us understand a bit more about you and help us to revise goals for this program and year.

1. ID number (or name):

2. Circle the program names that you are or have been involved with this year:

Write your organization's programs here

3. Date:

4. Your city and zip code:

5. Check off your gender: Male Female Transgender

6. Circle your current age: 13 years old 14 15 16 17 18 19 20 21 22 23 24

7. Please check off what grade you are in or what best describes your relationship with your education:

8th 9th 10th 11th 12th Graduated HS Working towards a GED

Earned a GED In College Left school for reasons out of my control Quit school

8. What best describes your ethnicity/race? (Please circle all that apply)

African-American Asian Caribbean/West Indian Caucasian Haitian
Latino/Hispanic Middle Eastern Native American Multi-Racial Other _____

9. I began coming here in (check which year):

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012

10. Please check how long you have been involved here. I have been here _____ year(s).

Less than 1 1 2 3 4 5 6 7 8 9 10 +

11. Have any other family members been part of programs here before? Yes No

12. Do you participate in other programs in this organization besides this one? Yes No

13. Please check the number of hours you are in programming and at this site on a typical week:

1 1.5 2 3 4 5 6 7 8 9 10 11 12+

14. Name the types of programs/activities you attend outside of this organization (check all that apply)

Volunteer community service Faith-based group Athletics Arts group A job

Internship Community center (like YMCA) Other and comment _____

15. Please circle how often you attend school: Almost always Often Not much

Never--I have dropped out Never-- I have graduated Anything more you'd like to say?

16. What are you hoping to get out of coming here?

INSTRUCTIONS: check off the box that best represents how you think and feel.

Tell us what you think...		strongly disagree	disagree	unsure	agree	strongly agree
1	I feel excited and focused when I am creating art.	NO!	no	?	yes	YES!
2	I am able to express who I am through the arts.	NO!	no	?	yes	YES!
3	I have knowledge of the artistic process and have skills in the arts.	NO!	no	?	yes	YES!
4	Challenges prevent me from working towards my goals.	NO!	no	?	yes	YES!
5	I am able to understand situations from other people's points of view.	NO!	no	?	yes	YES!
6	I use feedback (criticism and praise) to improve my work.	NO!	no	?	yes	YES!
7	I use the arts to communicate feelings and meaning.	NO!	no	?	yes	YES!
8	I feel uncomfortable giving others feedback about their artwork (critiquing).	NO!	no	?	yes	YES!
9. Looking at the above items. What number (1-8) is hardest for you and why? ____						
10	I am a confident person.	NO!	no	?	yes	YES!
11	I stand up for what I believe in even when it is unpopular.	NO!	no	?	yes	YES!
12	I think about how my past experiences and choices have influenced who I am.	NO!	no	?	yes	YES!
13	I rarely reveal who I am in a real and honest way.	NO!	no	?	yes	YES!
14	I am often irresponsible.	NO!	no	?	yes	YES!
15	I explore my personal culture and roots to better understand who I am.	NO!	no	?	yes	YES!
16	I know where my life can improve and how to improve it.	NO!	no	?	yes	YES!

Tell us what you think...(continued)		strongly disagree	disagree	unsure	agree	strongly agree
17	I imagine successful options for my future.	NO!	no	?	yes	YES!
18	I put strong effort into my education.	NO!	no	?	yes	YES!
19	I feel a sense of belonging in this program.	NO!	no	?	yes	YES!
20	I have adults in my life who support me.	NO!	no	?	yes	YES!
21	I am connected to my community.	NO!	no	?	yes	YES!
22	I am a strong leader.	NO!	no	?	yes	YES!
23	I feel like I contribute positively to my community.	NO!	no	?	yes	YES!
24	I am comfortable working on projects with people from different backgrounds.	NO!	no	?	yes	YES!
25	My successes are celebrated here.	NO!	no	?	yes	YES!
26	People see me in a positive way.	NO!	no	?	Yes	YES!
<p>27. Describe one way you want your attitude, actions, and/or relationships (with your friends, family, school, and/or community) to improve this year:</p> 						
<p>28. My biggest challenge this year is...</p> 						
<p>29. List three strengths (positive qualities) that you have:</p> <p>1.</p> <p>2.</p> <p>3.</p>						

30. The following is a list of 21st century workforce skills

PLEASE check (up to) THREE that you MOST want to improve in this year.

1. Creativity and Innovation:

Using skills and imagination to bring something new into existence.

2. Critical Thinking and Problem Solving

Exploring questions about and solutions for issues which are not clearly defined and for which there are no clear-cut answers.

3. Communication and Collaboration

Exchanging ideas/opinions and working together to produce something.

4. Media Literacy

Accessing, analyzing, evaluating and creating messages in a wide variety of media forms.

5. Flexibility and Adaptability

The ability to adjust to new conditions.

6. Initiative and Self-Direction

The ability to take action and responsibility while working toward a desired goal.

7. Social and Cross-Cultural Skills

The ability to communicate with a culturally diverse set of people-- to gain understanding and behave in such a way that results in positive interactions.

8. Productivity and Accountability

Having the power to produce things and being responsible for the outcomes.

9. Leadership

The ability to lead, including inspiring others in a shared vision.

21st century workforce skills and your goal:

31. Now PICK ONE of those three for a goal and write here the #____

How/why do you want to specifically improve in that area?

32. Finish these statements, so they describe YOU...

I CREATE...

I AM...

I CONNECT...

THANK YOU FOR YOUR HONESTY AND TIME!! We really appreciate it.

BYAEP Final Self-Evaluation Template

We would like to have feedback from YOU. This information will help us understand a bit more about you and help us to revise goals for this program and year.

1. ID number (or name):

2. Circle the program names that you are or have been involved with this year:

Write your organization's programs here

3. Date:

4. Your city and zip code:

5. Check off your gender: Male Female Transgender

6. Circle your current age: 13 years old 14 15 16 17 18 19 20 21 22 23 24 25

7. Please check off what grade you are in or what best describes your relationship with your education:

8th 9th 10th 11th 12th Graduated HS Working towards a GED
 Earned a GED In College Left school for reasons out of my control Quit school

8. What best describes your ethnicity/race? (Please circle all that apply)

African-American Asian Caribbean/West Indian Caucasian Haitian
Latino/Hispanic Middle Eastern Native American Multi-Racial Other _____

9. I began coming here in (check which year):

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012

10. Please check how long you have been involved here. I have been here _____ year(s).

Less than 1 1 2 3 4 5 6 7 8 9 10 +

11. Have any other family members been part of programs here before? Yes No

12. Do you participate in other programs in this organization besides this one? Yes No

13. Please check the number of hours you are in programming and at this site on a typical week:

1 1.5 2 3 4 5 6 7 8 9 10 11 12+

14. Name the types of programs/activities you attend outside of this organization (check all that apply)

Volunteer community service Faith-based group Athletics Arts group A job
 Internship Community center (like YMCA) Other and comment _____

15. Please circle how often you attend school:

Almost always Often Not much Never-- I have dropped out Never-- I have graduated
Anything more you'd like to say?

16. What did you most get out of coming here?

INSTRUCTIONS: check off the box that best represents how you think and feel.

Tell us what you think...		strongly disagree	disagree	unsure	agree	strongly agree
1	I feel excited and focused when I am creating art.	NO!	no	?	yes	YES!
2	I am able to express who I am through the arts.	NO!	no	?	yes	YES!
3	I have knowledge of the artistic process and have skills in the arts.	NO!	no	?	yes	YES!
4	Challenges prevent me from working towards my goals.	NO!	no	?	yes	YES!
5	I am able to understand situations from other people's points of view.	NO!	no	?	yes	YES!
6	I use feedback (criticism and praise) to improve my work.	NO!	no	?	yes	YES!
7	I use the arts to communicate feelings and meaning.	NO!	no	?	yes	YES!
8	I feel uncomfortable giving others feedback about their artwork (critiquing).	NO!	no	?	yes	YES!
9 Looking at the above items. What number (1-8) have you improved in the most and how? # ___						
10	I am a confident person.	NO!	no	?	yes	YES!
11	I stand up for what I believe in even when it is unpopular.	NO!	no	?	yes	YES!
12	I think about how my past experiences and choices have influenced who I am.	NO!	no	?	yes	YES!
13	I rarely reveal who I am in a real and honest way.	NO!	no	?	yes	YES!
14	I am often irresponsible.	NO!	no	?	yes	YES!
15	I explore my personal culture and roots to better understand who I am.	NO!	no	?	yes	YES!
16	I know where my life can improve and how to improve it.	NO!	no	?	yes	YES!

Tell us what you think...(continued)		strongly disagree	disagree	unsure	agree	strongly agree
17	I imagine successful options for my future.	NO!	no	?	yes	YES!
18	I put strong effort into my education.	NO!	no	?	yes	YES!
19	I feel a sense of belonging in this program.	NO!	no	?	yes	YES!
20	I have adults in my life who support me.	NO!	no	?	yes	YES!
21	I am connected to my community.	NO!	no	?	yes	YES!
22	I am a strong leader.	NO!	no	?	yes	YES!
23	I feel like I contribute positively to my community.	NO!	no	?	yes	YES!
24	I am comfortable working on projects with people from different backgrounds.	NO!	no	?	yes	YES!
25	My successes are celebrated here.	NO!	no	?	yes	YES!
26	People see me in a positive way.	NO!	no	?	yes	YES!
<p>27. Describe how your attitude, actions, and/or relationships (with your friends, family, school, and/or community) have changed during this program:</p>						
<p>28. My biggest challenge and success has been...</p>						
<p>29. List three strengths (positive qualities) that you have:</p> <p>1.</p> <p>2.</p> <p>3.</p>						

30. The following is a list of 21st century workforce skills

PLEASE check up to THREE (if any) that you MOST improved in during this program.

1. Creativity and Innovation:

Using skills and imagination to bring something new into existence.

2. Critical Thinking and Problem Solving

Exploring questions about and solutions for issues which are not clearly defined and for which there are no clear-cut answers.

3. Communication and Collaboration

Exchanging ideas/opinions and working together to produce something.

4. Media Literacy

Accessing, analyzing, evaluating and creating messages in a wide variety of media forms.

5. Flexibility and Adaptability

The ability to adjust to new conditions.

6. Initiative and Self-Direction

The ability to take action and responsibility while working toward a desired goal.

7. Social and Cross-Cultural Skills

The ability to communicate with a culturally diverse set of people-- to gain understanding and behave in such a way that results in positive interactions.

8. Productivity and Accountability

Having the power to produce things and being responsible for the outcomes.

9. Leadership

The ability to lead, including inspiring others in a shared vision.

21st century workforce skills:

31. Which one skill (if any) did you improve the most in? #___

How did you specifically improve in that area?

32. Finish these statements, so they describe YOU...

I CREATE...

I AM...

I CONNECT...

THANK YOU FOR YOUR HONESTY AND TIME!! We really appreciate it.

BYAEP Program Evaluation Template

We would like to have feedback from YOU. This information will help us understand a bit more about YOU and help us to revise goals for this program and year.

1. ID number (or name):

(The following 6 questions you do not need to include if the Program Evaluation is attached to the Self-Evaluation. Include them if you need the demographics)

Circle the program names that you are or have been involved with this year:

Write your organization's programs here

Date:

Your city and zip code:

Check off your gender: Male Female Transgender

Circle your current age: 13 years old 14 15 16 17 18 19 Other_____

If you are in school, what grade are you in? 8th 9th 10th 11th 12th Other_____

**Check off the boxes below that best describe how you feel.
Under each of the below questions you will be asked to COMMENT a bit on
WHY you feel this way. This is optional.**

	How do you feel about this program?	strongly disagree	disagree	unsure	agree	strongly agree
2	In this program, I am involved in decisions here and my opinions matter.	NO!	no	?	yes	YES!
Why or how?						
3	I have improved as an artist and feel proud of my contributions.	NO!	no	?	yes	YES!
Why or how?						
4	This program has helped me build my confidence.	NO!	no	?	yes	YES!
Why or how?						
5	This program has a good balance of structure and freedom.	NO!	no	?	yes	YES!
Why or how?						
6	This program has helped me become a better listener.	NO!	no	?	yes	YES!
Why or how?						
7	I have gained trusting relationships with my peers here.	NO!	no	?	yes	YES!
Why or how?						

How do you feel about this program? (continued)		strongly disagree	disagree	unsure	agree	strongly agree
8	I have gained trusting relationships with the staff here.	NO!	no	?	yes	YES!
Why or how?						
9	Because of this program, I can better express my ideas and feelings.	NO!	no	?	yes	YES!
Why or how?						
10	I believe what I create positively impacts others.	NO!	no	?	yes	YES!
Why or how?						
11	I feel the staff does a good job with this program.	NO!	no	?	yes	YES!
Why or how?						
12	I would recommend this program to my friends.	NO!	no	?	yes	YES!
Why or how?						

13. Place an X in the box that best describes how you feel) Since becoming part of this program, my ability to do this or feel this way has...	Decreased (I do it or feel it less)	Stayed the same (It hasn't changed)	Increased (I do it or feel it more)
a. I do creative work outside of this program (writing, drawing, dancing, playing music, etc.)			
b. I look at the creative work of my friends and talk with them about it.			
c. I take creative risks with my own personal expression.			
d. I confidently take on challenges.			
e. I see myself as an Artist (this includes being a Dancer or Actor, Musician, Filmmaker, etc.)			
f. I use my culture and roots as inspiration for my art.			
g. I research schools and/or jobs I might get into after high school.			
h. I socially reach out to others who have backgrounds different from my own.			
i. I like to use my creative skills to connect with others.			
j. I think about performing or presenting my work for others to see.			

14. Take a moment and write to your Program Leader(s)/ Staff. What have you learned (if anything)?

15. What is one thing we could (realistically) do to improve this program?

16. Site Specific Question

17. How would you rate this program overall?

Please CIRCLE the number you choose.

(awful) 1 2 3 4 5 (o.k.) 6 7 8 9 10 (outstanding)

18. Describe your time here by describing a smell, a taste, a sound, and/or an object that reminds you of what it is like to be here! ("This program is like...")

THANK YOU FOR YOUR HONESTY AND TIME!!

(Make sure you complete the Drawing It Out page as well)

Your Name:

Program:

BYAEP "Drawing it Out" Template

What (if anything) is changing because of your involvement here?

Draw -- "Before coming here..."

Draw -- "After being involved here..."

Look at your drawing and PLEASE write a few words below to tell us the story of what has changed.

BYAEP Teacher Evaluation Template

1. Program Name: _____

2. Please mark one: Beg. Eval Final Eval

3. Date: _____

4. Student's name:		Strongly DISAGREE	Disagree	Neither agree nor disagree	Agree	Strongly AGREE
5. Artistic Engagement: LISTENING	Is focused and engaged when creating.					
	Closely observes life and interprets findings through the arts.					
	Shows a "studio practice"- cares for materials/equipment/ space.					
6. Inquiry: QUESTIONING	Engages with questions and actively pursues answers.					
	Shows skills in critical thinking and problem solving.					
	Commits to revising and transforming work until satisfied.					
7. Expressive /Experimentation: CREATION PROCESS	Envisions and tries possible next steps in projects.					
	Uses the arts to communicate feelings and meaning.					
	Uses a variety of media, forms and/or styles to create art.					
8. Confidence and Ownership: PERFORMING/ PRESENTING	Takes ownership of and responsibility for work.					
	Is confident when producing and presenting work.					
	Shows initiative while working on goals/projects.					
9. Knowledge of self	Uses self-awareness and self-reflection in creating.					
	Is able to be flexible and adaptable in circumstances.					
	Stretches out of one's "comfort zone" and learns from mistakes/accidents.					
10. Informed cultural identity	Explores one's personal culture and roots to better understand who he/she is.					
	Listens and learns about the "cultural identity" of others.					
	Places value on equality and social justice.					
11. Positive view of their future	Can imagine successful options for a better future for oneself.					
	Trusts that others can help him/her create success.					
	Can see possible solutions to problems as they arise.					

12. Support-Belong: CONNECT REFLECT	Shows skills in communication and collaboration by working productively with diverse group members.					
	Accepts support and challenges from leader/teaching artist.					
	Able to participate in "critiques"- reflects, listens to others, and gives feedback.					
13. Contribution	Works to create something positive in their community.					
	Takes leadership in sharing art and his/her voice with the community.					
	Uses criticism and praise to further develop/improve one's own work.					
14. Recognition	Work and/or presentation of work inspires feelings and reactions in others.					
	Gains recognition from others for achievement, service or ability.					
	Invests as an artist to learn about how the arts contribute to the life of the community.					

15. Please choose 21st century workforce skills where the youth needs improvement (or has improved in if this is the Final Evaluation)

- 1. Creativity and Innovation:**
Using skills and imagination to bring something new into existence.
- 2. Critical Thinking and Problem Solving**
Exploring questions about and solutions for issues which are not clearly defined and for which there are no clear-cut answers.
- 3. Communication and Collaboration**
Exchanging ideas/opinions and working together to produce something.
- 4. Media Literacy**
Accessing, analyzing, evaluating and creating messages in a wide variety of media forms.
- 5. Flexibility and Adaptability**
Adjusting to new conditions
- 6. Initiative and Self-Direction**
Taking action and responsibility while working toward a desired goal.
- 7. Social and Cross-Cultural Skills**
Communicating with a culturally diverse set of people--to gain understanding and behave in such a way that results in positive interactions.
- 8. Productivity and Accountability**
Having the power to produce things and being responsible for the outcomes.
- 9. Leadership**
Leading, including inspiring others in a shared vision

16. # ____. CHOOSE ONE 21st century workforce skill that you feel is a **strength** in the teen and if you would like, describe the teen's strength here:

17. # ____. CHOOSE ONE 21st century workforce skill that you and the teen have identified as **MOST needing to improve**. Please state it now as the teen's goal (see results from Self-Evals for teen's opinion):

18. Additional comments about the teen's abilities, strengths, and challenges?

SITE SPECIFIC QUESTIONS

STUDENT:

PLEASE RATE YOUR STUDENT		Strongly DISAGREE	Disagree	Neither agree nor disagree	Agree	Strongly AGREE
SPECIFIC INDICATORS						

Examples:

- Recognizes and explores themes with which he/she identifies.
- Finds techniques/mediums that inspire him/her to further investigate possibilities.
- Is informed by and integrates the exposure of contemporary and historical artists/art/films.
- Is responsible and committed to being a vital member of the group.
- Effectively engages in working collaboratively with other artists/filmmakers in the group.
- Stays in character when working with other actors.
- Creates theater that is appropriate for a variety of audiences.
- Clearly and correctly delivers dialogue.
- Listens and reflects as an attentive audience member...etc.
- Respects others opinions and ideas when working as a team.
- Learns and memorizes lines in a timely manner.
- Is a productive and responsible member of the ensemble.
- Is able to experiment with and make decisions about staging of scenes.
- Works cooperatively to lead other youth in forums, discussions and workshops.
- Creates work that expresses originality and imagination.

The BYAEP Alumni Evaluation Template

INTRODUCTION

Your participation at this organization helped build our program into the success that it is today, and for this we say THANK YOU! We also greatly value your opinion and really appreciate you taking 20 or so minutes to participate in our new Alumni Survey.

This is a Pilot Survey, meaning that we are trying it for the first time, and we would love your feedback. Be assured that your responses to this survey will remain CONFIDENTIAL; no one other than the evaluators and the management of this organization will have access to completed surveys, we will not associate your name or other personally-identifying information with your responses, and with the exception of brief quotations, we will only report on the summary of the total responses that we receive.

We have tried to make this form as brief as possible, while still finding a variety of ways for you to share about your life, your experience, and wisdom. Please fill these out this online at (**enter your surveymonkey link here**), email us this filled-out form as an attachment, or send it to us via snail mail. We would also like to keep you informed of events and ways you could still be involved here if you would like!

Section 1

1. What are you proud of accomplishing in the past five years? Choose all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Working through family issues | <input type="checkbox"/> Surviving |
| <input type="checkbox"/> Working on myself to improve my choices | <input type="checkbox"/> Going to college |
| <input type="checkbox"/> Contributing to my community | <input type="checkbox"/> Earning a degree |
| <input type="checkbox"/> My work as an artist | <input type="checkbox"/> Having a job |
| <input type="checkbox"/> Earning an award | <input type="checkbox"/> Getting on my feet financially |
| <input type="checkbox"/> Staying out of jail | <input type="checkbox"/> Getting along better with others. |
| <input type="checkbox"/> Other _____ | |

Comments optional

2. To what extent do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you understanding more about the arts (visual art, dance, film, music, theater, or other)?

- I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

3. To what extent do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you gaining an appreciation for further studying the arts?

- I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

4. Are you still involved in the arts now? Yes No

If so, in which type of art do you participate and how often?

5. Was there a project or event that specifically impacted you (personally or artistically) during your work at (YOUR ORGANIZATION'S NAME)? Yes No

If yes, briefly tell us about it.

6. I feel a connection to my family's history and/or my cultural identity.

- strongly disagree disagree neither agree or disagree agree strongly agree

7. I am able to cope with stress and problems.

- strongly disagree disagree neither agree or disagree agree strongly agree

Examples of ways I cope are:

8. I feel I keep getting myself into dangerous situations.

- strongly disagree disagree neither agree or disagree agree strongly agree

9. I feel nervous and unsure of myself in new situations.

- strongly disagree disagree neither agree or disagree agree strongly agree

10. I avoid the use of illegal drugs, excessive alcohol or other risky behavior (shoplifting, fighting, vandalism, etc).

- strongly disagree disagree neither agree or disagree agree strongly agree

11. I participate in positive activities that help me feel fulfilled. Yes No

Examples are...

12. Rate how you feel on an average day (put an x next to the one that applies--please choose only one).

- | | |
|---|---|
| <input type="checkbox"/> I feel great most days | <input type="checkbox"/> I feel o.k. most days. |
| <input type="checkbox"/> I feel good most days | <input type="checkbox"/> I often feel down. |
| Comment: _____ | <input type="checkbox"/> I feel depressed. |

Section 2

13. To what extent do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you planning for a career and future?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

Comment:

14. To what extent do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you finding and keeping a job?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

Comment:

15. Are you currently working? Yes No

16. If yes, are you working in the field or profession of your choice? Yes No

Comment:

17. Finances. Put an X on all that apply:

- I am able to financially support myself
- I have a checking and/or savings account
- I may struggle to pay some bills, but I am doing O.K. financially
- I am most reliant on another person for money

Comment optional:

- I receive my financial support from the government (food stamps, public assistance, etc.)
- I receive my financial support from my family
- I am in debt and struggle to pay bills

18. Living situation. Put an X on all that apply:

- I rent an apartment/condo/studio or house
- I live in a dorm
- I own a house
- I live with my parents/guardians
- I live with a friend(s)
- Other

Comment optional (for example, how many children?):

- I don't have a place to live at the moment
- I live with my partner or am married
- I have a child or children that don't live with me
- I have a child or children who live(s) with me

Please read over the following statements and select the answer that best describes your feeling about the statement.

19. I have a hard time finding jobs I like and can commit to.

I strongly disagree I disagree I agree I strongly agree

20. I worry about my future and often feel discouraged.

I strongly disagree I disagree I agree I strongly agree

21. I am satisfied with my job right now.

I strongly disagree I disagree I agree I strongly agree

22. Doing well in school or my job is important to me.

I strongly disagree I disagree I agree I strongly agree

23. I am working hard to make my life dreams a reality.

I strongly disagree I disagree I agree I strongly agree

24. If you have career, educational, or other life goals that you wish to accomplish this year what are they?

Section 3

25. To what extent do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you taking your education seriously and working hard?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

26. To what extent do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you further pursuing an education?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

27. To what extent do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you working on achieving your educational goals?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

28. Did you graduate high school or receive a GED? Yes No

(If you answered No, skip to the Section 4)

29. If yes, are you the first in your family to graduate high school? Yes No

30. If yes, what year did you graduate or get your GED? 1991 1992 1993 1994 1995 1996 1997
1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011
2012

31. Please check which (if any) of the following is applicable to you.

I completed (or am attending) a training/apprenticeship program (e.g. union, beauty school)

School name: _____

Field of study: _____

I attended (or am attending) community college

School name: _____

Field of study: _____

I attended (or am attending) a 4-year college

School name: _____

Field of study: _____

I attended (or am attending) graduate school

School name: _____

Field of study: _____

32. If you furthered your education after high school, are you the first in your family to do so?

Yes No Comments:

33. If you received a diploma what kind did you receive? Pick all that apply:

Certificate

Please describe:

Bachelors Degree

Please describe:

License

Please describe:

Masters Degree

Please describe:

Associates Degree

Please describe:

Ph.D.

Please describe:

Section 4

34. Do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you working well with people of other racial/ethnic groups?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

35. Do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you working to solve problems in your community?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

36. Do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you getting out of or protecting yourself from gangs in your community?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

37. Do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you working well in a team?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

38. Do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you building relationships with mentors and other adults?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

39. Do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you feeling comfortable speaking in front of a group?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (it did) I strongly agree (It really did)

40. Do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you leading others to complete a task?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

41. Do you think your experience at (YOUR ORGANIZATION'S NAME) contributed to you becoming a leader?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

42. Do you feel that your experience at (YOUR ORGANIZATION'S NAME) encouraged you to become more interested in following news events and issues?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

43. Do you currently follow news issues on a regular basis (at least one day per week)?

Yes No

44. Since your time at (YOUR ORGANIZATION'S NAME), have you spent time participating in any community activity (e.g., a college student group, church, book group, or neighborhood clean-up)?

Yes No

Comment:

45. To what extent did your experience at (YOUR ORGANIZATION'S NAME) help you to become involved in some type of community activity (e.g. a college student group or neighborhood/civic association)?

I strongly disagree (It really didn't) I disagree (It didn't) I agree (It did) I strongly agree (It really did)

Comment:

46. Are you registered to vote? Yes No

47. If yes, did you vote in the last election for which you were registered (national, state or local)?
Yes No

48. Do you feel like you have a place you "belong" in your community? Yes No

Comment:

49. How often do you spend your time volunteering?

Almost never Less than once/month 1-3 times a month Once a week Few times/week or more

Please describe:

50. Please list any ways (voting, volunteering, paid employment, campaigning etc.) in which you work towards social change (working with others to create greater environmental, economic, and social justice).

Please read over the following statements and select the answer that best describes your feeling about the statement.

51. Family members support me in many ways.

I strongly disagree I disagree I agree I strongly agree

52. I reach out to my friends when I need support.

I strongly disagree I disagree I agree I strongly agree

53. I often feel alone.

I strongly disagree I disagree I agree I strongly agree

54. I feel I have something to offer to friends and family when they need support.

I strongly disagree I disagree I agree I strongly agree

55. I have maintained relationships with teachers, mentors or other adults who have supported me.

I strongly disagree I disagree I agree I strongly agree

56. I am able to network (connecting with new people who can sometimes open doors of opportunity).

I strongly disagree I disagree I agree I strongly agree

57. I feel a connection to my community.

I strongly disagree I disagree I agree I strongly agree

Section 5

58. Place an X next to the following skills that (YOUR ORGANIZATION'S NAME) helped you to develop the MOST (if any).

- 1. Creativity and Innovation:** Using skills and imagination to bring something new into existence.
- 2. Critical Thinking and Problem Solving:** Exploring questions about and solutions for issues which are not clearly defined and for which there are no clear-cut answers.
- 3. Communication and Collaboration:** Exchanging ideas/opinions and working together to produce something.
- 4. Media Literacy:** Accessing, analyzing, evaluating and creating messages in a wide variety of media forms.
- 5. Flexibility and Adaptability:** The ability to adjust to new conditions.
- 6. Initiative and Self-Direction:** The ability to take action and responsibility while working toward a desired goal.
- 7. Social and Cross-Cultural Skills:** The ability to communicate with a culturally diverse set of people, and to monitor and adjust your behavior in such a way that will result in improved interactions.
- 8. Productivity and Accountability:** Having the power to produce things and being responsible for the outcomes.
- 9. Leadership:** The ability to lead, including inspiring others in a shared vision.

Comment optional:

59. Think about how you have responded to challenges since leaving (YOUR ORGANIZATION'S NAME). How did your participation at (YOUR ORGANIZATION'S NAME) influence your responses to these challenges in any way?

60. What is an accomplishment of yours that you never thought you would complete when you were a teenager?

61. What is the MOST important way (YOUR ORGANIZATION'S NAME) or a staff member at (YOUR ORGANIZATION'S NAME) has influenced your life?

(This can be a specific memory or you can describe it more generally.)

Section 6

Please supply the following information about yourself

62. How many years were you part of (YOUR ORGANIZATION'S NAME)?

1 2 3 4 5 6 7 More than 7 years (specify here): __

63. What is your current age? _____

64. What is your gender? Male Female Transgender

65. What best describes your ethnicity/race?

African-American Asian Caribbean/West Indian Caucasian Haitian
 Latino/Hispanic Middle Eastern Native American Multi-Racial
Other _____

66. If you are working, what is your current job?

67. If you are attending school, where are you attending? _____

68. What are your dreams for yourself 5 years from now? What will you do for a living? What are you aiming to achieve?

69. Anything else you would like us to know? or feedback about this Alumni Survey?

Please provide us with the following contact information so we can mail you the thank you gift for completing this survey.

1. Name: _____

2. Date of Birth: _____

3. Address: _____

4. Email Address: _____

5. Phone Number (Cell/Home?): _____

THANK YOU SO MUCH!

Sample Final Self- and Program Evaluation adapted from BYAEP for youth 7+

We would like to have feedback from YOU. This information will help us understand a bit more about you and help us to revise goals for this program and next year.

1. **Your name:** _____ **2. Date:** _____
3. **Circle the program names that you are or have been involved with this year:**
List programs here.
4. **Your city and zip code:** _____ **5. Circle your gender:** Male Female
6. **Circle your current age:** 7 8 9 10 11 12 13 14 15 16 17 18
7. **If you are in school, what grade are you in?** 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th Other _____

8. **What best describes your ethnicity/race/background?**
 African-American Asian Caribbean/West Indian Caucasian Haitian
 Latino/Hispanic Middle Eastern Native American Multi-Racial Other _____

9. **Please check how long you have been involved here at (your organization here). I have been here _____ year(s).**
 Less than 1 1 2 3 4 5 6 7 8 9 10 +

Tell us what you think...		strongly disagree	disagree	unsure	agree	strongly agree
10.	I am able to express who I am through the arts.	NO!	no	?	yes	YES!
11.	I often get stuck when I am working on something I am trying to do.	NO!	no	?	yes	YES!
12.	I am able to understand situations from other people's points of view.	NO!	no	?	yes	YES!
13.	I feel comfortable in taking creative risks to try new things.	NO!	no	?	yes	YES!
14.	I stand up for what I believe in even when it is unpopular.	NO!	no	?	yes	YES!
15.	I talk about who I am in a real and honest way.	NO!	no	?	yes	YES!
16.	I put strong effort into school.	NO!	no	?	yes	YES!
17.	I feel like I belong here.	NO!	no	?	yes	YES!
18.	I have adults in my life who support me.	NO!	no	?	yes	YES!
19.	I feel like I contribute positively to my community.	NO!	no	?	yes	YES!
20.	I am comfortable working on projects with people who are different from me.	NO!	no	?	yes	YES!

21. **Looking at the above items, what number (10-20) do you feel you most improved in this year # _____**

22. When you think about school, home, friends, and your life, what (if anything) has changed because of your involvement here?

23. Finish these statements, so they describe YOU...

I CREATE...

I AM...

I CONNECT...

Check off the boxes below that best describe how you feel. Under each of the below questions you will be asked to COMMENT a bit on you feel this way. This is optional.

How do you feel about this program?		strongly disagree	disagree	unsure	agree	strongly agree
1	In this program, I am involved in decisions here and my opinions matter.	NO!	no	?	yes	YES!
Why or how?						
2	I have improved as an artist and feel proud of what I created.	NO!	no	?	yes	YES!
Why or how?						
3	This program has helped me build my confidence.	NO!	no	?	yes	YES!
Why or how?						
4	This program has a good balance of structure and freedom.	NO!	no	?	yes	YES!
Why or how?						
5	This program has helped me become a better listener.	NO!	no	?	yes	YES!
Why or how?						

How do you feel about this program? (continued)		strongly disagree	disagree	unsure	agree	strongly agree
6	I have gained trusting relationships with my peers here.	NO!	no	?	yes	YES!
Why or how?						
7	I have gained trusting relationships with the staff here.	NO!	no	?	yes	YES!
Why or how?						
8	Because of this program, I can better express my ideas and feelings.	NO!	no	?	yes	YES!
Why or how?						
9	I believe what I create positively impacts others.	NO!	no	?	yes	YES!
Why or how?						
10	I feel the staff does a good job with this program.	NO!	no	?	yes	YES!
Why or how?						
11	I would recommend this program to my friends.	NO!	no	?	yes	YES!
Why or how?						

How would you rate this program overall?

Please CIRCLE the number you choose.

(awful) 1 2 3 4 5 (o.k.) 6 7 8 9 10 (outstanding)

YOUR WORDS:

Describe your time here by describing a **smell, a taste, a sound, and/or an object** that reminds you of what it is like to be here! (You can start it any way you want or begin, "This program is like...")

Take a moment and write to your Program Leader(s)/ Staff. What have you learned?

What is one thing we could (realistically) do to improve this program?

Site Specific Question

THANK YOU FOR YOUR HONESTY AND TIME!!
We really appreciate it.

Name:
Program:

Date:

Worksheets (Optional)
YOUR PRESENT, FUTURE, and YOUR CONNECTIONS¹

THIS YEAR

This year I expect to be...

This year I hope to avoid...

This is what I plan to do to keep myself on track...

What else will help you move toward your goals/dreams this year?

Doodle your dream or write a small poem about it.....

¹ Oyserman, D., Bybee, D. & Terry, K. (2006).

Worksheet: Show your connections....

For each person you live with choose a shape that represents them and write their name in it.

Write their relationship to you (for example "sister," "step-dad," "grandma").

Show if you are close to that person by drawing their shape near the "Me" shape.

If you are not so close, draw them further away from the "Me" shape.

If you wish to include your friends, mark them with a star.

ME



Data Collection

The BYAEP pilot used Survey Monkey to design program surveys, collect our data, and analyze our results. Survey Monkey is a user-friendly platform that allowed most of our youth to take their surveys on-line and enabled us to create reports and export data to Excel and other programs. At approximately \$200 annually for a professional membership, it offers one of the better returns on investment. The most beneficial capabilities of Survey Monkey were:

- No limits to the number of questions.
- Ability to filter results. For example, “show me only those respondents who answered ‘yes’ in question 5.”
- Ability to crosstab results. This cross-tabulated data was great for side-by-side comparison such as the comparison of questions in one survey between three programs of one organization.
- Ability to download results and charts, create PDF’s, and work with data in Excel.

We created a condensed BYAEP Survey Monkey Users Manual to assist with all the steps involved in setting up the evaluations and in working with the results. We created specialized templates in Excel where the downloaded data in Excel could be copied and pasted in the templates. This allowed us to work with percentage combinations like “agree” and “strongly agree” with accuracy. It also enabled us to compare results year to year and to compare results between organizations.

Analysis

Here are some suggestions for preparing for analysis by “cleaning” your data:

Carefully review your inputted surveys before you do any analysis.

- Common issues are: duplicated evaluations, evaluations that have not been fully completed, and missing evaluations. A method for excluding evaluations needs to be established so that your results do not include evaluations that are not complete.
- For the Self-Evaluations, the same ID numbers (the same youth) from beginning and final evaluations should be matched. Only matched evaluations should be used when comparing scores from beginning of the year to the end of the year. Group or program scores should also be based only on these matched evaluations. Obtaining enough matches can be very challenging.

The following questions are helpful to consider as you view your data:

What?

What do we see? What does the data begin to reveal?

1. What immediately gets your attention? What else are you able to see?
2. What seems to be similar? What connections are you seeing?
3. What is different or surprising?
4. Are there themes, categories, metaphors or different threads that begin to reveal themselves?
5. What other patterns are present?
6. What questions do you need to pursue further?

So What?

What sense can we make of the data? What does it mean?

1. How will your results be compiled and reviewed and by whom? For instance, what does it mean that 67% of youth agreed or strongly agreed that, "I feel like I contribute positively to my community"? Is that higher or lower than last year?
2. How does the qualitative data (quotes and narratives) support or negate what you see in the quantitative data (numbers and percentages)?
3. Who on your team should be involved in interpreting the analyzed data? What follow-up questions for program staff may help you to better interpret the data at hand?
4. What is your base for interpreting the data? Who sets the basis for comparison?

Now What?

How do we use what we have learned to direct decisions moving forward?

1. What are the conclusions and recommendations?
2. How will you report to your staff and/or youth about the results?
3. What did you learn and what will you change or do differently because of the results that you have seen? How will this influence your goals for the next semester/year?
4. What data will you share beyond the walls of your organization and in what manner?

We commend you for embarking on this journey of discovery. Despite the substantial time investment, the challenges encountered, and the questions still not yet answered, the Boston Youth Arts Evaluation Project was transformative for us.

Committing to comprehensive evaluation will enlarge your perception and deepen your understanding of the youth in your programs. Through this process you will gain new vision and insights that will enrich our field, your organization, and those you serve.

**BE BOLD! BE CREATIVE!
SING YOUR PRAISES!**

FIND WHAT NEEDS IMPROVEMENT AND IMPROVE!

And let us know how it all goes so we can continue this conversation.

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