

Short and Long-Term Project Evaluation

This evaluation is to be completed in three stages by community partners working on a short or long-term project: after the first meeting, mid-way through the project or every 3-6 months, and after project completion. The purpose of this evaluation is for our team to understand the current engagement experience and make improvements where needed. **Please note that some questions have been adapted from the McMaster University Public and Patient Engagement Collaborative PPEET ppe.mcmaster.ca/our-products/public-patient-engagement-evaluation-tool.***

Full or partially completed forms can be emailed to your project lead or Leah Hodgson (Associate, Community Engagement and Communications; leah.hodgson@algomaoh.ca).

Full Name:	
Name of Project:	
Meetings are:	<input type="checkbox"/> Online <input type="checkbox"/> In person

AFTER FIRST MEETING	
Do you experience any barriers to participation?	<input type="checkbox"/> Technical Difficulties <input type="checkbox"/> Do not feel comfortable to speak <input type="checkbox"/> Group members are non-responsive to chat/emails <input type="checkbox"/> Other: _____
How would you rate your involvement overall (circle one)?	1 2 3 4 5 6 7 8 9 10

To what extent do you agree with the following statements?	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
I enjoy my time participating in this project.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The time I dedicate to meetings is valuable to the project.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The time I dedicate is valued by others involved.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I clearly understand the role of a community partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive the required materials well in advance of the meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The materials I receive provide the necessary information to participate fully.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable asking questions for clarification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable providing input.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The objectives of the meetings are clearly communicated.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand all of the language being used (ex. acronyms, technical terms).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What improvements can we make to help facilitate your participation?

Additional feedback/comments:

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MID-WAY THROUGH PROJECT (OR EVERY 3-6 MONTHS)

Do you experience any barriers to participation?	<input type="checkbox"/> Technical Difficulties <input type="checkbox"/> Do not feel comfortable to speak <input type="checkbox"/> Group members are non-responsive to chat/emails <input type="checkbox"/> Other: _____
How would you rate your involvement overall (circle one)?	1 2 3 4 5 6 7 8 9 10

To what extent do you agree with the following statements?	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
I enjoy my time participating in this project.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a valued member of the project team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The objectives of the project are aligned with my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand all of the language being used (ex. acronyms, technical terms).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable providing input and asking questions.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What improvements can we make to help facilitate your participation?

Additional feedback/comments:

AFTER PROJECT COMPLETION

How would you rate your involvement overall (circle one)?

1 2 3 4 5 6 7 8 9 10

To what extent do you agree with the following statements?	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
I enjoyed my time participating in this project.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was a valued member of the project team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The objectives of the project were aligned with my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood all of the language being used (ex. acronyms, technical terms).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was comfortable providing input and asking questions.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I see results stemming from my contributions to the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please summarize your experience and/or the impact of your engagement.

Please provide any advice to other partners who may participate in the project work in the future:

Any additional feedback/comments: