MCHB Training Evaluation
RECORD REVIEW

Your name _______________________________________   Date ________________

Face Sheet

Type document: New application ______
Continuation application ______
Final report ______

Grantee institution _______________________________________

Type of institution: Public ______   Private _______   Don’t know _______

MCH grant number ________________

Priority category __________________________   Year in cycle (check one):
1 __ 2 __ 3 __ 4 __ 5 __

Previous support in prior cycle: Yes _______   No _______

If yes, number of years _______  Not available _______

Web site? If yes, please indicate web address __________________________

Budget

1. Grant amount ________________   Grant year (FFY) _______

2. How many faculty are partially supported by the grant? _______
   Please indicate total percentage of time _______

3. How many faculty are listed as working on the grant, but not supported? _______
   Please indicate total percentage of time _______

4. Total amount of grant money allocated for faculty support
   (= personnel, including fringe) __________________________

5. What is the total amount of grant funds allocated for student support? _______
6. Are any other staff (e.g., administrative, research staff) supported by the grant?  
Yes _______________    No _______________  

If yes, please indicate the following:  

Title ___________________  % of time charged to grant  
Time charged as in-kind?  

7. Are other sources of funds for the MCH program listed?  Yes _______   No _______

If yes, please complete the following chart:  

<table>
<thead>
<tr>
<th>Source of additional funds</th>
<th>Check source of funds identified</th>
<th>Amount if available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other federal grants or contracts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State grants or contracts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foundations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-kind</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special (or new) positions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Does the grantee state that the MCH support leveraged or generated other financial support?  

Yes _______________    No _______________  

If yes, how much? $______________    Not specified _______________
Additional comments about the budget:

A. **Administration/Organization**

9. Are there any significant departmental changes that have resulted from the grant?
   
   Yes _______________  No _______________  Not specified _______________

   If yes, briefly describe:

10. Are there any important cross-departmental collaborations that have resulted from the grant?
   
   Yes _______________  No _______________  Not specified _______________

   If yes, briefly describe:

Additional comments about program administration/organization:
B. Training

Students

11. This question pertains to student support. Please fill in the following chart:

<table>
<thead>
<tr>
<th>Number of students receiving financial assistance through grant</th>
<th>Degree type that student is working towards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Post-Doctoral</td>
</tr>
<tr>
<td>Tuition (partial or full) only</td>
<td></td>
</tr>
<tr>
<td>Stipend only</td>
<td></td>
</tr>
<tr>
<td>Tuition plus stipend</td>
<td></td>
</tr>
<tr>
<td>Travel allowance</td>
<td></td>
</tr>
<tr>
<td>Support provided, but no details on form of aid</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

Tuition (partial or full) only
Stipend only
Tuition plus stipend
Travel allowance
Support provided, but no details on form of aid
Total
12. This question pertains to the *race/ethnicity* of students receiving support. Please fill in the following chart:

<table>
<thead>
<tr>
<th>Number of students receiving financial assistance through grant</th>
<th>Race/ethnicity of student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White</td>
</tr>
<tr>
<td>Tuition (partial or full) only</td>
<td></td>
</tr>
<tr>
<td>Stipend only</td>
<td></td>
</tr>
<tr>
<td>Tuition plus stipend</td>
<td></td>
</tr>
<tr>
<td>Travel allowance</td>
<td></td>
</tr>
<tr>
<td>Support provided, but no details on form of aid</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

13. How many students are seeking degrees in the program but who *do not* receive direct financial support through the grant? Number _________ Not specified _________

14. How many students took classes *taught by supported faculty*? Number _________ Not specified _________

15. Did the grantee specify other trainees not captured above? Yes ____ No ____
    If yes, please specify number _____ and type of trainee _____________________

16. Does the program have a way to measure student learning of skills?
    Yes ________________ No ________________ Not specified ________________
    If yes, how?
    Competencies ______
    Special exams ______
    Other ______ Specify ________________________________
17. Does the program have a way to measure student attitudinal change?

Yes _______________  No _______________  Not specified _______________

If yes, please describe:

18. Does the program have a way to measure student leadership skills?

Yes _______________  No _______________  Not specified _______________

If yes, please describe:

Additional comments about current students:

Former Trainees

19. How many students have been supported through this grant previously who have now graduated?

Number _______________  None _______________  Not specified _______________

If the grantee specifies a number, for how many years does this number apply? ________

20. Is any information provided on current jobs of former trainees?

Yes _______________  No _______________  If yes, for how many? ____________

If yes, type of job (indicate number for each category):

Academic/research  ______
Local administrative  ______
State administrative  ______
Federal administrative_____  
Service/clinical ____  
Unemployed ______  
Unknown _____  
Other ____ specified ________________________________

21. Is any other information provided on former trainees?  
Yes ___________ No ______________

If yes, type information (check all that apply):

Publications _____
Continuing education provided _____
Policy work ____
Technical assistance/consultation _____
Other ____ specified ________________________________

22. Is information on other leadership attributes of former trainees provided or discussed?  
Yes ___________ No ______________

If yes, briefly describe:

Additional comments about former trainees:

Courses

23. How many courses were taught by supported faculty (either partially or fully supported)?  
Number ________________
24. How many MCH courses were taught by nonsupported faculty? (Determine as best you can by the title of the course.)

   Number _______________  Not specified _______________

25. How many MCH theses (either master's level or doctoral level) were supervised by supported faculty?  Number _______________ Not specified _______________

26. Does the grant support new courses that did not/would not otherwise exist?

   Yes _______________  No _______________  Unknown/not specified _______________

   If yes, how many? _______________

Additional comments about courses:

C. Continuing Education

27. How many continuing education courses or presentations were given by supported faculty?

   Total number _______________  Not specified _______________
   Total students _______________  Not specified _______________

   List any examples, by title, that seem especially important, interesting, or compelling:

   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

28. How many continuing education courses or presentations were given by other faculty?

   Total number _______________  Not specified _______________
   Total students _______________  Not specified _______________
List any examples, by title, that seem especially important, interesting, or compelling:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

29. Were any distance-learning continuing education courses or presentations given by supported faculty?

Yes _______________ No _______________ Not specified _______________

If yes, what type?

Web-based ______
TV ______
Satellite ______
Other ______ Specify________________

Additional comments about continuing education:
D. Services Provided

30. List the number and type of consultation/technical assistance provided by the grantee in this fiscal year (please indicate calendar year if this is appropriate ______):

<table>
<thead>
<tr>
<th>Type of recipient</th>
<th>Faculty-provided technical assistance/consultation</th>
<th>Student-provided</th>
<th>Total technical assistance/consultations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grant-supported faculty</td>
<td>MCH, but not grant supported</td>
<td></td>
</tr>
<tr>
<td>Community/local</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own state Title V</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own state, other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional, other states</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National/federal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List or describe any examples that are especially compelling (especially of results or outcomes and especially with Title V):

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

31. How many clinical care visits are provided as a result of this grant-funded program?

Number  ______
Not specified or not applicable  ______
32. Has any new service program been initiated as a result of this grant?

Yes _______________   No _______________   Not specified _______________

If yes, provide a brief description:

33. Have any existing service delivery programs been improved?

Yes _______________   No _______________   Not specified _______________

If yes, provide a brief description:

Additional comments about services provided:

F. Program Development

34. How many research projects are supported faculty working on?

Number completed in this fiscal year ______
Number initiated or underway this fiscal year ______
Number research projects mentioned ______

List any titles or examples that seem especially noteworthy or interesting:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
35. How many research projects are supported students working on?

Number _______________ Not specified _______________

List any titles or examples that seem especially noteworthy or interesting:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

36. Do supported faculty participate in policy or advocacy work? Please complete the following table:

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>Total number separate activities by MCH faculty, as specified in document</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Faculty who are partially supported</td>
</tr>
<tr>
<td>Professional associations:</td>
<td></td>
</tr>
<tr>
<td>Committee/task force</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>National:</td>
<td></td>
</tr>
<tr>
<td>Committee/task force</td>
<td></td>
</tr>
<tr>
<td>Presentation</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>Committee/task</td>
<td></td>
</tr>
<tr>
<td>Type of activity</td>
<td>Total number separate activities by MCH faculty, as specified in document</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Faculty who are partially supported</td>
</tr>
<tr>
<td>force</td>
<td></td>
</tr>
<tr>
<td>Presentation</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Community:</td>
<td></td>
</tr>
<tr>
<td>Committee/task force</td>
<td></td>
</tr>
<tr>
<td>Presentation</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>(university, international, etc.)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

Please list any examples of policy work that are especially compelling or interesting, and any results or outcomes that are particularly noteworthy:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
37. Please indicate how the grantee is addressing cultural competency issues in the grant (check all that apply):

Recruitment of trainees
Recruitment of faculty
Course development
Collaboration with a cultural competence organization(s)
Development of policies that address cultural competency
Adaptation of clinical protocols
Other, specify
None specified

38. Does the grantee state that funds are used for faculty development?
Yes _______________ No _______________

If yes, briefly describe:

Additional comments about program development:

G. Publications

39. Identify the total number of publications that have resulted from this grant in the current fiscal year:

<table>
<thead>
<tr>
<th>Type of publication</th>
<th>Author</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Faculty (supported by grant)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Students (supported by grant)</td>
<td></td>
</tr>
<tr>
<td>Journal articles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Book chapters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstracts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unspecified/unclear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Additional comments about publications:

H. Regional/National Significance

40. Does this grant program have a multi-state or regional focus? Yes _____ No ____

If yes, how is that manifested? (check all that apply)

- Multi-state conferences/workshops _____
- Other continuing education _____
- Technical assistance/consultation _____
- Other _____ Specify ___________________

Additional comments about regional/national significance:

Other

41. What important aspects of this project are not captured by these questions?

42. Please photocopy any compelling anecdotes or examples that might be used to illustrate the accomplishments of this grantee. Please indicate if you have identified such examples:

Yes _______________ No _______________