

**Office of Mental Retardation and Developmental Disabilities**

**Program Evaluation Interim Reporting Questions**

**DATA GRID**

**Project ID Number:** \_\_\_\_\_ **DDSO:** \_\_\_\_\_

**Provider:** \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

**Check one:** 6-month report  12-month report  24-month report  Other

*If it is necessary to identify a particular individual, please use TABS number or pseudonym.*

For assistance in completing this form, please call 518-474-4904 and ask for program evaluation staff.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
What is the outcome?	What is the name of the scale you are using OR what is the indicator that you are using to measure this outcome?	How many people did you collect data for using this indicator or scale?	How many people is the outcome relevant for?	If you are using a scale to measure this outcome, what is the best and worst score you can get using this scale?	<b>BASELINE REPORT</b> What are the average scale scores OR the average indicator scores for this outcome?	<b>6-MONTH REPORT</b> What are the average scale scores OR the average indicator scores for this outcome?	<b>12-MONTH REPORT</b> What are the average scale scores OR the average indicator scores for this outcome?	<b>24-MONTH REPORT</b> What are the average scale scores OR the average indicator scores for this outcome?

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Please describe any changes made to and/or decisions made about your project based upon the evaluation findings (if applicable.)