**Houston Area HIV Services Ryan White Planning Council**



**Office of Support**

Project L.E.A.P. 2015  *End Evaluation*

Today marks your last Project LEAP class. You made it! Please provide us with some additional information about the course *as a whole*. As always, please do not write your name anywhere on this form. Simply leave the form on the table when you are finished. Thank you for your help!

**TOPIC 1: Class Logistics**

**What do you think of the following aspects of Project LEAP?** *Please check the box that corresponds to your opinion of each item:*

Excellent Very Good Good Poor Very Poor

1. Day and time of class ❑ ❑ ❑ ❑ ❑
2. Length of class ❑ ❑ ❑ ❑ ❑
3. Location of class ❑ ❑ ❑ ❑ ❑
4. The physical classroom ❑ ❑ ❑ ❑ ❑
5. Food/drink provided ❑ ❑ ❑ ❑ ❑
6. Handouts/materials ❑ ❑ ❑ ❑ ❑
7. Audio-visual/ ❑ ❑ ❑ ❑ ❑  
   PowerPoints

1. Staff communication ❑ ❑ ❑ ❑ ❑
2. Guest speakers ❑ ❑ ❑ ❑ ❑
3. Class facilitation ❑ ❑ ❑ ❑ ❑
4. Class discussion ❑ ❑ ❑ ❑ ❑
5. In-class activities ❑ ❑ ❑ ❑ ❑
6. Off-site activities ❑ ❑ ❑ ❑ ❑
7. Class survey project ❑ ❑ ❑ ❑ ❑

**TOPIC 2: Class Topics/Speakers**

**Below is a list of the topics that have been covered in Project LEAP since Week 8 in order by week.** *Please check the box that corresponds to your opinion of the quality of each topic/speaker:*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Good | Poor | Very Poor | Don’t remember | Didn’t attend |
| 1. LEAP Special Study Project – Prepare Class Presentation (*Amber* ) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Community Meeting Report-Backs Part 1 (*Tori*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. LEAP Special Study Project - Practice Presentation (*Amber*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Ryan White Standards of Care and Performance Measures (*Amber*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Peanut Butter and Jelly Policies and Procedures Exercise (*Amber*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Attending the June Ryan White Planning Council Meeting | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Presentation of Special Study Project at Planning Council | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Priorities and Allocations Process and Exercise (*Amber*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Attending a Priorities and Allocations Committee Meeting | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Planning Graduation and Voting on Shirts | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Leadership Skills and Team Building (*Mike Alexander*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. HIV and Mental Health (*Chad Brandt*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Advocacy 101 (*Venita Ray*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Community Meeting Report-Backs Part 2 (*Amber*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. From Project LEAP to Planning Body Panel (*Evelio Escamilla, Cecilia Ross, Tracy Gorden, Nike Blue, and Brenda Booker*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. RWPC, COI Refresher –Jeopardy, and Mock Interviews (*Tori and Amber*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Community Meeting (*attended on your own*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Volunteer at HIV Testing Event (*attended on your own*) | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

**TOPIC 3: Knowledge Change**

1. **Please tell us your knowledge level about each of the following topics both *BEFORE* Project LEAP and *NOW*, after you have been in Project LEAP.** *Please circle a number using the following scale:*

**0 = None/no knowledge**

**1 = A little/basic knowledge**

**2 = Some/intermediate knowledge**

**3 = A lot/advanced knowledge**

*BEFORE* LEAP *NOW*

0 1 2 3 The sources and purpose of HIV service funds 0 1 2 3

in Houston

0 1 2 3 How the Ryan White HIV/AIDS Program in 0 1 2 3 Houston works

0 1 2 3 How the Ryan White Planning Council works 0 1 2 3

0 1 2 3 How the HIV Prevention Community Planning 0 1 2 3 Group works

0 1 2 3 HIV Trends in the Houston Area 0 1 2 3

0 1 2 3 Ways to assess the needs of HIV-infected persons 0 1 2 3

and what an HIV/AIDS Needs Assessment is

0 1 2 3 The process for designing HIV care services 0 1 2 3

(How to Best Meet the Need)

0 1 2 3 The structures and purposes of 0 1 2 3

Standards of Care and Outcome Measures

0 1 2 3 How HIV prevention and care services are 0 1 2 3 planned (Comprehensive Planning)

1. **Thinking back to** *BEFORE* Project LEAP compared to *NOW*—are you more or less able to do the following:

“Be a productive member of the Ryan White Planning Council or

HIV Prevention Community Planning Group (CPG)

by participating in planning activities”

*Please circle the number that best corresponds to your assessment:*

*More able now* 7 6 5 4 3 2 1 0 *Less able now*

**TOPIC 4: Overall Evaluation**

**What do you think of Project LEAP *as a whole*?** *Please check the box that best corresponds to your answer:*

|  |
| --- |
| 1. Overall, Project LEAP has met my expectations.   ❑Strongly agree ❑Agree ❑Neither agree nor disagree ❑Disagree ❑Strongly disagree |
| 1. Overall, Project LEAP will help me be an effective member of a planning council.   ❑Strongly agree ❑Agree ❑Neither agree nor disagree ❑Disagree ❑Strongly disagree |
| 1. Project LEAP has made me more knowledgeable about HIV prevention and care planning.   ❑Strongly agree ❑Agree ❑Neither agree nor disagree ❑Disagree ❑Strongly disagree |
| 1. Overall, I am pleased with my decision to participate in Project LEAP.   ❑Strongly agree ❑Agree ❑Neither agree nor disagree ❑Disagree ❑Strongly disagree |
| 1. I would recommend Project LEAP to someone else.   ❑Strongly agree ❑Agree ❑Neither agree nor disagree ❑Disagree ❑Strongly disagree |
| 1. Overall, Project LEAP is:   ❑Excellent ❑Very good ❑Good ❑Fair ❑Poor |

**How can we make Project LEAP better going forward? Please give us your ideas below:**

|  |
| --- |
|  |

**Please answer YES/NO to the following final questions:**

1. **Do you currently work for an HIV provider/organization?** ❑ Yes ❑ No
2. **Do you have any *formal* training or education in HIV *other than***

**Project LEAP?** ❑ Yes ❑ No

1. **Are you a Ryan White consumer?** *That means that you receive*

*HIV medical care or services from a Ryan White clinic or program.* ❑ Yes ❑ No