

PROGRAM EVALUATION DATA COLLECTION

*Data Collection Manual and
Online Database User Guide
2023–2024*

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About the Program Evaluation Process

THIS MANUAL APPLIES TO FULL INTERVENTION STUDENTS ONLY.

Measuring changes in the attitudes and behaviors of students who participate in indicated or selective services is an arduous but fundamental task, and the demonstrated success of Student Assistance Programs has contributed to its longevity.

Overview

Notifying Students and Families

Follow your program's procedures for notifying students and families that program participants can contribute to the evaluation by completing the Program Evaluation Form. Such notification can be incorporated into brochures, presentations, or consent forms used to recruit participants.

Additional program-specific instructions:

WHO to Survey

- Any student in Grade 6 and up who participates in indicated or selective services (**full intervention students**).
- **Do not** survey students who only participate in universal prevention activities.

WHEN to Administer the Pretest

- Administer the pretest Program Evaluation Form the first time the student attends a specified intervention, whether provided in a group or one-on-one setting.
- **Administer only one pretest to a student during a school year.**
- The goal is to administer the pretest as close to the beginning of service initiation as possible.

WHEN to Administer the Posttest

- After the **student completes a specific intervention** or **at the end of the school year**—whichever comes **first**.
- If the student is involved in a group, administer the posttest at the last group session.
- **The posttest can be administered more than once** (e.g., if a student receives additional services after having already taken the posttest).
 - ▶ If more than one posttest is administered, delete the first posttest date and sheet number from the student's **Test** page and replace it with the most recent posttest data.
- If possible, **administer posttests by the end of May** for students who begin program participation between September and March to ensure a high rate of data collection.

About the Program Evaluation Process

HOW to Administer the Program Evaluation Form

- Program Evaluations can be administered on **paper** or **via email through the LGAN website**.

Additional program-specific instructions:

WHERE to Administer the Program Evaluation Form (if completing on paper)

- Administer the Program Evaluation Form in a place that affords reasonable privacy.
- Multiple students can take the survey in the same room as long as they are unable to see each other's answers and are not allowed to collaborate on answers.
- Give students about 30 minutes to answer all the questions (allow extra time if needed).

WHAT to Do When a Student Returns for Additional Services After You've Administered the Posttest

Sometimes a student returns to the program to continue receiving services after you previously exited the student and administered the posttest. In such situations, do the following:

- **Do not** administer a new pretest.
- Delete the data entered in the **Exit** tab of the **Student Record** (see **Student Records Manual**).
- Delete the **Posttest Date** and **Posttest Sheet Number** (see Exhibit 2 and Exhibit 4 later in this manual).
- When you exit the student a second time, re-administer the posttest following the instructions later in this manual and re-enter the **Exit** tab data following the instructions in the **Student Records Manual**.
 - ▶ **Note:** You do not need to worry if you already mailed in the first posttest (the one that you deleted the sheet number for). Even if the sheet was sent in and got scanned by Looking Glass, once you delete its sheet number from the system it won't match up to your student. You do not need to notify Looking Glass of this.

How to Administer PAPER Evaluation Forms

THIS SECTION APPLIES TO THE ADMINISTRATION OF PAPER PROGRAM EVALUATION FORMS ONLY.

Preparing, Administering and Collecting Forms

Prepare Program Evaluation Forms

Prepare a Program Evaluation Form for each student respondent:

- Write the name of the **School** and the **Code Number** (student's system ID code) or the **Student's Name** on the perforated stub (the bottom of the front side) **but do not tear it off yet** (this will happen when you actually administer the test).
- Use a **No. 2 pencil** to bubble the **Purpose** (pretest or posttest) and the **Month Administered** in the identification grid bottom of the back side).
 - ▶ To ensure that Looking Glass Analytics can process the forms, completely fill each bubble and avoid folding, stapling, hole punching, or making marks in the form margins.

Administer Program Evaluation Forms

1. Tear off the perforated stub with the student's name written on it **before** handing the Program Evaluation Form to the appropriate student. **Save this stub for use later.**
 - 💡 **Be sure to hand the correct test to the corresponding student in order to get accurate results.**
2. Read the confidentiality statement from the top of the evaluation sheet verbatim and aloud . Make sure the students understand the instructions.
3. Instruct students to:
 - ▶ Fill each bubble completely using a **No. 2 pencil**.
 - ▶ Bubble only **one response to each question**.
 - ▶ Refrain from folding, stapling, hole punching, or making marks in the form margins.
 - ▶ If they need to change an answer, write an X through the incorrect response and fill in the correct bubble.
4. Stay in the room while the students complete the Program Evaluation Form but do not look at their answers.
5. Answering questions about the meaning of words is permissible, but helping students answer questions is not.
6. Ask each student to insert their own completed survey into the collection envelope.

Accommodations

If students have difficulty reading the Program Evaluation Form, read the questions aloud. Position yourself so that you cannot see the students' answers. An interpreter or other special accommodations might be necessary for some students. Assess the need for accommodations on a case-by-case basis.

Mailing in the Program Evaluation Forms

- Regardless of who mails in the forms, **each professional's own forms must be preceded by that professional's specific coversheet**. Including the cover sheet greatly expedites the processing of your forms.

How to Administer PAPER Evaluation Forms

- To print a custom coversheet prior to mailing in forms, complete the following steps:
 1. Click the **Student Records** drop-down menu.
 2. Click **Mail Paper Surveys** to access the **Program Evaluation Form Checklist and Coversheet Generator**.
 3. Complete the following:
 - ▶ Check all three verifications.
 - ▶ Select the number of pretests in this batch of forms.
 - ▶ Select the number of posttests in this batch of forms.
 4. Click **Submit** to generate a PDF of the coversheet.
 5. Print the coversheet and clip (**do not staple**) it to the completed evaluation forms.
- All forms should be mailed in a 9 x 12 inch envelope to the following address:

Looking Glass Analytics, Inc.
101 Capitol Way N, Suite 203
Olympia, WA 98501
- Follow your program's specific processes for how and when to mail in evaluation forms.

Additional program-specific instructions:

Entering Form Details into LGAN

1. Click the **Student Records** drop-down menu.
2. Click **View Students** to view your **Student Master List**.
3. Click the paper icon in the **Edit/View** column to access the **Administer Student Tests** page.

Entering a Pretest

Exhibit 1. Pretest Detail Entry

Online test submissions.

Send Pre-Test request to student via email

Modify below this line only if submitting paper tests.

Pretest Date
(mm/dd/yyyy)

Pretest Sheet Number

Posttest Date
(mm/dd/yyyy)

Posttest Sheet Number

The **Sheet Number** is located on the perforated stub where you wrote the student's name at the bottom of the form.

Be sure to type this information correctly, otherwise it will not link to the student record once the test is scanned by LGAN.

Note: You will receive an error message if you enter a sheet number that has already been entered elsewhere in the system. If you receive this message, check for typos. If there are no typos, contact Susan Richardson at susan.richardson@lgan.com right away.

How to Administer PAPER Evaluation Forms

4. Enter the date that the test was administered to the student in **Pretest Date** (mm/dd/yyyy).
5. Enter the Sheet Number in **Pretest Sheet Number**.
6. Click **Save**.

Entering a Posttest

Exhibit 2. Posttest Detail Entry

Online test submissions.

Send Post-Test request to student via email

If no posttest, what was the reason? - Select -

Save

Modify below this line only if submitting paper tests.

Pretest Date 6/21/2023
(mm/dd/yyyy)

Pretest Sheet Number 10000400

Posttest Date
(mm/dd/yyyy)

Posttest Sheet Number

Save

4. Enter the date that the test was administered to the student in **Posttest Date** (mm/dd/yyyy).
5. Enter the Sheet Number in **Posttest Sheet Number**.
 - Note: You will receive an error message if you enter a sheet number that has already been entered elsewhere in the system. If you receive this message, check for typos. If there are no typos, contact Susan Richardson at susan.richardson@lgan.com right away.
6. Click **Save**.

If No Posttest Can Be Collected

4. Enter the reason a test could not be obtained using the **If no posttest, what was the reason?** drop down.
5. Click **Save**.

Additional program-specific instructions:

How to Administer DIGITAL Evaluation Forms

THIS SECTION APPLIES TO THE ADMINISTRATION OF DIGITAL PROGRAM EVALUATION FORMS ONLY.

1. Click the **Student Records** drop-down menu.
2. Click **View Students** to view your **Student Master List**.
3. Click the paper icon in the **Edit/View** column to access the **Administer Student Tests** page.

Administering a Pretest

Exhibit 3 Digital Pretest Administration

Online test submissions.

Send Pre-Test request to student via email  Student's Email Address. (will not be saved)

Modify below this line only if submitting paper tests.

Pretest Date
(mm/dd/yyyy)

Pretest Sheet Number

Posttest Date
(mm/dd/yyyy)

Posttest Sheet Number

4. Click the envelope icon next to the text **Send Pre-Test request to student via email**.
5. In the next screen, enter the **Student's Email Address** then click **Send**.
6. At that point, the student will receive an email from DoNotReply@wa-sap.com. The email will read: "(Staff name) has requested that you take the survey at the following link. They will not see your responses. The survey is part of an evaluation of the Washington State Student Assistance Programs. Your answers will be kept strictly confidential and the summary data will be used to improve this program."
7. Once the student has completed the evaluation, the **Pretest Date** and **Pretest Sheet Number** fields will be automatically populated with the necessary information.
8. Click **Save**.

How to Administer DIGITAL Evaluation Forms

Administering a Posttest

Exhibit 4 Digital Posttest Administration

Online test submissions.

Send Post-Test request to student via email

Student's Email Address. (will not be saved)

Send

If no posttest, what was the reason? - Select -

Save

Modify below this line only if submitting paper tests.

Pretest Date 6/21/2023 (mm/dd/yyyy)

Pretest Sheet Number 100006400

Posttest Date (mm/dd/yyyy)

Posttest Sheet Number

Save

4. Click the mail icon next to the text **Send Post-Test request to student via email**.
5. In the next screen, enter the **Student's Email Address** then click **Send**.
6. At that point, the student will receive an email from DoNotReply@wa-sap.com. The email will read: "(Staff name) has requested that you take the survey at the following link. They will not see your responses. The survey is part of an evaluation of the Washington State Student Assistance Programs. Your answers will be kept strictly confidential and the summary data will be used to improve this program."
7. Once the student has completed the evaluation, the **Posttest Date** and **Posttest Sheet Number** fields will be automatically populated with the necessary information.
8. Click **Save**.

If No Posttest Can Be Collected

4. Enter the reason a test could not be obtained using the **If no posttest, what was the reason?** drop down.
5. Click **Save**.

Additional program-specific instructions:

Appendix A—Program Evaluation Form Checklist and Coversheet Generator

Program Evaluation Form Checklist and Coversheet Generator

This is for paper surveys only!

It is mandatory to include this checklist with your Program Evaluation Form bubble sheets when you return them. Bubble sheets submitted without a completed checklist attached cannot be processed.

Please complete each step on the check list below. Upon completion of this form, a PDF of this checklist will be downloaded. Please print this document and clip it to your bubble sheets before mailing them in or sending them to your district coordinator.

- Enter number into database.**
- Keep a record of your sheets for personal tracking. This is recommended, but not a mandatory step. A simple Excel sheet has helped many SAPs keep track of bubble sheets in the past.**
- Paperclip or binder clip (DO NOT staple) all sheets together, making sure sheets are facing the same direction.**

Record the number of bubble sheets that are pretests and posttests here:

Pretests:

Posttests:

Your current number of unscanned sheets is currently entered. This may not reflect the number in this batch, as earlier batches may not yet be scanned.

Ensure bubble sheets are clean and undamaged. If a sheet has any type of damage, you will need to transfer the responses to a new sheet and then update the bubble sheet number in the database if the original sheet number has already been entered.

Please direct any questions to your supervisor or to Help@Wa-SAP.com

Mail completed forms and cover sheets to:
Looking Glass Analytics, Inc.
101 Capitol Way N, Suite 203
Olympia, WA 98501

Washington State Student Assistance Programs

PROGRAM EVALUATION FORM CHECKLIST & COVERSHEET

Clip this form to your bubble sheets before mailing them in or sending them to your district coordinator.

SAP Name: Christy Steele
SAP ID: 2667
Submitted: 6/26/2023 9:42:30 AM
Pretests: 0
Posttests: 1

Ensure bubble sheets are clean and undamaged. If a sheet has any type of damage, you will need to transfer the responses to a new sheet and then update the bubble sheet number in the database if the original sheet number has already been entered.

Please direct any questions to your supervisor or to Help@WA-SAP.com

Mail completed forms and cover sheets to:

Looking Glass Analytics, Inc.
101 Capitol Way N, Suite 203
Olympia, WA 98501



Appendix C—Program Evaluation Form (front page)

PROGRAM EVALUATION FORM

Student Assistance Programs

The questions below are part of an evaluation of the Washington State Student Assistance Program. This is not a test, so there are no right or wrong answers. You do not have to answer any of these questions, but we ask that you answer all the questions honestly and thoughtfully to help us improve this program.

Your answers will be kept strictly confidential. Your answers will be combined with the answers given by other students participating in your school district. Only summary data will be shared with school staff to improve this program.

Mark only one answer for each question. Please use a No. 2 pencil and make no stray marks on this sheet.

Mark how often you felt this way in the past 30 days:

	None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
a. I think I am doing pretty well.	(A)	(B)	(C)	(D)	(E)	(F)
b. I am doing just as well as other kids my age.	(A)	(B)	(C)	(D)	(E)	(F)
c. When I have a problem, I can come up with lots of ways to solve it.	(A)	(B)	(C)	(D)	(E)	(F)
d. Even when others want to quit, I know I can find ways to solve the problem.	(A)	(B)	(C)	(D)	(E)	(F)
e. I have at least one close friend.	(A)	(B)	(C)	(D)	(E)	(F)
f. I have at least one adult at school I can confide in.	(A)	(B)	(C)	(D)	(E)	(F)
g. I know how to ask for help when I need it.	(A)	(B)	(C)	(D)	(E)	(F)
h. When I experience negative emotions, I have healthy strategies to calm myself down.	(A)	(B)	(C)	(D)	(E)	(F)
i. I am happy to be at this school.	(A)	(B)	(C)	(D)	(E)	(F)
j. I like what I am learning at school.	(A)	(B)	(C)	(D)	(E)	(F)
k. I try hard to do well at school.	(A)	(B)	(C)	(D)	(E)	(F)
l. I feel unhappy, sad, or depressed.	(A)	(B)	(C)	(D)	(E)	(F)
m. I can't stop or control my worrying.	(A)	(B)	(C)	(D)	(E)	(F)
n. I feel worthless or inferior.	(A)	(B)	(C)	(D)	(E)	(F)

How many times in the past 30 days have you:

	None	1 Time	2-3 Times	4-5 Times	6+ Times
a. Been in trouble at school?	(A)	(B)	(C)	(D)	(E)
b. Been suspended from school?	(A)	(B)	(C)	(D)	(E)
c. Skipped school?	(A)	(B)	(C)	(D)	(E)
d. Been arrested?	(A)	(B)	(C)	(D)	(E)
e. Been in a physical fight?	(A)	(B)	(C)	(D)	(E)
f. Hit or tried to hurt someone?	(A)	(B)	(C)	(D)	(E)



School _____

PERF

Code Number _____ - _____ Name: _____

900 09 001

Complete this stub to identify the student to whom you will administer this sheet. Mark the Purpose and Month Administered in the box on the back of form. Remove this perforated stub before administering to the student. Enter this Sheet # into the web database as the pretest or posttest for this student.

Appendix C—Program Evaluation Form (back page)

<i>During the past 30 days, how many days have you:</i>	None	1-3 Days	4-12 Days	13 or More Days	Every Day
a. Had alcoholic beverages (including beer, wine, wine coolers, and liquor) to drink (more than a few sips)?	A	B	C	D	E
b. Had five or more drinks in a row? (A drink is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)	A	B	C	D	E
c. Used marijuana (weed, pot, dabs, edibles)?	A	B	C	D	E
d. Used tobacco products (cigarettes or chew)?	A	B	C	D	E
e. Used an electronic cigarette, also called e-cigs, vape pens, or JUUL (to vape liquid with nicotine, with THC, or with just flavor only)?	A	B	C	D	E
f. Used prescription drugs not prescribed to you (hydrocodone, oxycodone, methadone)?	A	B	C	D	E
g. Used any other drug or substance (acid, mushrooms, MDMA, inhalants, cocaine, amphetamine, heroin, opium, spice)?	A	B	C	D	E

Complete the next questions **ONLY** if you have met with a Student Assistance Professional more than twice this school year.

Overall, how helpful has this program been to you?

- A Very helpful
 B Somewhat helpful
 C Not very helpful
 D Not at all helpful

Are you glad that you participated in the program?

- A YES! – Definitely true
 B yes – Mostly true
 C no – Mostly not true
 D NO! – Definitely not true

Are you more likely to attend school because of this program?

- A Yes
 B No
 C Does not apply to me; I attend school regularly

Thank you for sharing your feedback!

If you would like to talk to someone about anything that came up while filling this out, please notify the person who gave you this form or contact the following resources:

Crisis Text Line	Text HOME to 741741 or visit crisistextline.org
Teen Link Peer Counseling (available 6pm to 9:30pm)	Dial 866-833-6546 or visit teenlink.org
National Mental Health Crisis and Suicide Prevention Line	Dial 988 or visit suicidepreventionlifeline.org
Washington 2-1-1 (connection to local services)	Dial 211 or visit wa211.org

This box completed by staff.

Purpose: Month administered:

- | | | | | | | |
|----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> A Pretest | <input type="radio"/> G JUL | <input type="radio"/> H AUG | <input type="radio"/> I SEP | <input type="radio"/> J OCT | <input type="radio"/> K NOV | <input type="radio"/> L DEC |
| <input type="radio"/> B Posttest | <input type="radio"/> A JAN | <input type="radio"/> E FEB | <input type="radio"/> G MAR | <input type="radio"/> H APR | <input type="radio"/> I MAY | <input type="radio"/> J JUN |

