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Camp Fire USA
Orange County Council
CCG EVALUATION REPORT 2010-2011

NEXUS CONSULTING
5779 Nutwood Place
Rancho Cucamonga, CA 91739

T 909.463.1754

F 909.474.5881

www.nexusevaluation.com

Camp Fire USA

Orange County Council

CCG EVALUATION REPORT 2010-2011

PREPARED BY: Michael T. Matthews, Ph.D.

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ABSTRACT & SUMMATION: An evaluation of several of the interventions implemented by Camp Fire USA under the Community Challenge Grant for the 2010-2011 program year.

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Introduction

INTRODUCTION

Funded by California's Office of Family Planning under the Community Challenge Grant (CCG), Camp Fire USA Orange County Council is a formal collaborator providing interventions in several communities throughout Orange County, including Santa Ana, Costa Mesa, Orange, Anaheim, and Huntington Beach.

The Purpose of This Report

This report provides evaluation results for the following interventions: (1) CARE, (2) SHAPE, (3) Smart Choices, and (4) A Gift of Giving (AGOG). The results presented here supplement data already presented by Camp Fire USA in their annual Teen Pregnancy Prevention (TPP) Report and do not provide a comprehensive look at all of the collaborative's interventions. Whenever possible outcomes specified in the collaborative's Workplan are evaluated, but often an adequate assessment of each outcome was not possible given the limitations of the data.

Each chapter in this report is dedicated to one of the interventions offered by Camp Fire USA and its collaborative. In each chapter, we briefly describe the purpose of the intervention, summarize the evaluation methodology used, identify the measurable outcomes associated with the intervention, review the findings, and draw conclusions and, when applicable, make recommendations for the intervention.

SUMMARY OF KEY FINDINGS

For the busy reader, the key findings of the local evaluation are summarized in the table below. More detail on the findings from this evaluation is provided in each chapter.

Summary of Key Findings

INTERVENTION	KEY FINDINGS
CARE	<ul style="list-style-type: none"> ▶ The CARE intervention positively affected teens' ability to discuss sexual risks and limits with their partner; with 96% of youth indicating that they could do so. ▶ CARE had a positive impact on teens' knowledge of STDs. Ninety-two percent (92%) of CARE participants demonstrated an awareness of STD/HIV infections, treatment, and prevention. The increase in knowledge from pre- to post-survey was substantial and statistically significant. ▶ Nearly all (94%) of CARE participants were able to demonstrate knowledge of pregnancy prevention. The average score on the items measuring pregnancy prevention knowledge increased from 2.79 to 3.56 -- an increase of 28%. This increase was statistically significant ▶ Over half (51%) demonstrated an improvement in pregnancy prevention knowledge compared to their pre-survey level.
SHAPE (youth)	<ul style="list-style-type: none"> ▶ SHAPE I had a positive impact on participants' knowledge of puberty and reproductive anatomy: ▶ Eighty-six percent (86%) of the youth completing SHAPE I rated their knowledge of puberty changes as "Excellent" or "Good". This represented a substantial increase over the percentage of youth that said the same on the pre-survey. ▶ Eighty-five percent (85%) of youth indicated that they knowledgeable about reproductive anatomy, representing a significant increase over the percentage of youth that said the same on the pre-survey. ▶ SHAPE I had a positive impact on participants' confidence in their ability to talk to their parent(s) or caregivers about sex and sexuality. Eighty-six percent (86%) of youth indicated that they felt confident talking to their parent (s) or caregivers about sex and sexuality. This represented substantial increase -- an increase of 28 percentage points from pre- to post-survey-- but not a statistically significant one.
SHAPE (adult)	<ul style="list-style-type: none"> ▶ SHAPE I helped parents feel confident talking to their child(ren) about sex and sexuality. Eighty-seven percent (87%) of parents indicated that they were confident that they could talk about sex with their child(ren) or express their own values about sex to their child(ren). ▶ Parents liked SHAPE, with 89% giving the intervention an "A" rating overall. On all the feedback measures, no parent gave the intervention a rating less than "Good".
Smart Choices	<ul style="list-style-type: none"> ▶ Participants completing Smart Choices demonstrated a knowledge and awareness of their own values. All (i.e., 100%) of participants did so by agreeing or strongly agreeing that they know what is important to them, that they make decisions based upon their personal values, and they know their long-term goals. ▶ Smart Choices helped youth learn techniques needed to live a healthy lifestyle. In fact, 79% of participants demonstrated that they were knowledgeable about these techniques.
A Gift of Giving	<ul style="list-style-type: none"> ▶ Eighty-six percent (86%) of participants reported that they work cooperatively with others in a group. ▶ Two-thirds (66%) of youth demonstrated empathy towards community members in need of assistance. will understand the personal impact of community service ▶ Of those that responded, all of the participants indicated that they learned something new or important from A Gift of Giving. ▶ Ratings of the intervention were very favorable, with 75% rating the teacher as "Excellent" and two-thirds off participants rating the intervention overall as "Excellent".

CARE

CARE

Contemporary Adolescent Relationship Education (CARE) addresses contemporary issues facing today's adolescents. The intervention targets 135 youth between 12 and 19 years of age through 4, 2-hour sessions at high schools and community centers in Costa Mesa, Santa Ana, Garden Grove, and Anaheim. Topics include reproductive anatomy, reproduction, pregnancy and childbirth, pregnancy prevention, sexually transmitted infections, and healthy relationships.

EVALUATION METHODOLOGY

CARE is evaluated via a pre-post survey that asks youth their willingness to discuss sexual risks and limits with a partner, awareness of STIs, and knowledge of pregnancy prevention. Additionally, a "check-up" survey administered a month after the youth complete the intervention asks youth whether or not they have visited a local clinic. The outcomes used to evaluate CARE are identified in **Table 1**. *Note that although multiple surveys are administered, CARE is primarily evaluated using results from the post-survey, as the outcomes as written do not specify a change in knowledge, attitudes, or behavior from pre- to post-survey.*

Table 1. Measurable Outcomes for CARE

OUTCOME	HOW IT IS MEASURED
1. Minimum of 120 participants will complete 8 hours.	Camp Fire attendance data
2. At least 75% of participants who complete 8 hours of the program will demonstrate willingness to discuss sexual risks and limits with partner	Feedback survey; 2 items
3. At least 75% of participants who complete 8 hours of the program will demonstrate awareness of STD/HIV infections, treatment and prevention	Feedback survey; 3 true-or-false items
4. At least 75% of participants who complete 8 hours of the program will demonstrate Knowledge of means to prevent a pregnancy	Feedback survey; 4 true-or-false items

PARTICIPANT PROFILE

We collected a total of 72 matched pre- and post-surveys. Descriptive information about these participants is offered below.

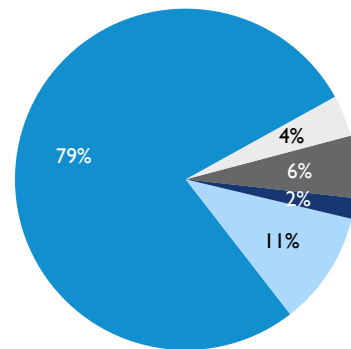
- ▶ **Gender.** Females substantially outnumbered males in the program based on the surveys completed. Females made nearly three-quarters (74%) of all participants.

▶ **Race/Ethnicity.** The racial and ethnic distribution of participants (based on the surveys) is illustrated in **Figure 1**, which shows that 79% of respondents were Latino/Hispanic. Whites, the second most common race/ethnicity, made up only 11% of participants.

▶ **Age.** The age of participants ranged from 11 to 19 years, with over half (51%) of participants 16 or 17 years of age.

- African American (2%)
- White (11%)
- Latino/Hispanic (79%)
- Asian/Pacific Islander (4%)
- Other (6%)

Figure 1. Race/Ethnicity



OUTCOMES 1: MINIMUM OF 120 PARTICIPANTS WILL COMPLETE 8 HOURS

The first outcome states that 120 participants complete 8 hours of the curriculum. Attendance data is used to evaluate this outcome. The number of those completing the intervention is reported by Camp Fire in their annual report, and the data is not tracked by the local evaluation consultant.

OUTCOME STATUS: NOT EVALUATED IN THIS REPORT

Data used to evaluate this outcome is maintained by Camp Fire USA and is not reported by the local evaluation. Therefore, the status of this outcome is not addressed in this report.

OUTCOME 2: 75% WILL DEMONSTRATE WILLINGNESS TO DISCUSS SEXUAL RISKS AND LIMITS WITH PARTNER

The second outcome requires that at least 75% of participants demonstrate a willingness to discuss sexual risks and limits with their partner. This outcome is evaluated by responses to two items on the survey:

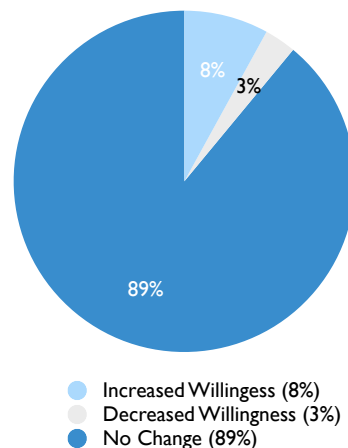
1. When dating someone now or later; how well could you be in charge of how far you want to go in a relationship?
2. When dating someone now or later; talk with the other person about sexual risks like STDs and pregnancies?

Respondents can reply with either “I could totally”, “I could some”, or “I could not”. To achieve this outcome respondents need to answer “I could totally” or “I could some” to *both* of the above items on the post-survey.

When post-survey results were examined, 96% of respondents indicated that they could discuss sexual risks and limits with a partner. The percentage of youth that said the same on the pre-survey was 90%.

Figure 2 shows that while this was a positive finding, a vast majority of youth felt that they could discuss sexual risks and limits before they began the intervention and that the intervention positively affected a relatively small percentage of youth (8%).

Figure 2. Percentage Increasing Willingness to Discuss Sexual Risks and Limits (n=64)



OUTCOME STATUS: ACHIEVED

This outcome was achieved, with 96% of youth indicating that they could discuss sexual risks and limits with their partner. However, it is important to note that this represents a relatively small increase over the pre-survey percentage (i.e., 90%).

OUTCOME 3: 75% WILL DEMONSTRATE AWARENESS OF STD/HIV INFECTIONS, TREATMENT, AND PREVENTION

The third outcome states that at least 75% of youth will demonstrate that they are knowledgeable about STD/HIV infections, treatment and prevention. This outcome is measured by responses to three true-or-false items on the post-survey.

1. You can always tell if someone has an STD or HIV infection.
2. Some STDs can be cured with medicine from a health professional while others cannot.
3. Using a condom the right way every time lowers the risk of getting an STD or HIV infection and pregnancy.

Responses were scored so that participants received one point for each correct response. This outcome was considered achieved if participants got two out of three items correct, or a score of at least 2.

Table 2 shows that not only was this outcome achieved, with 92% of youth getting at least 2 of the 3 items correct, but this represented a substantial improvement over their pre-survey scores. Additionally, three-quarters of youth got all three responses correct after they completed CARE, whereas only 25% did so before they began the intervention.

Participants' average scores increased from 1.75 (out of 3) to 2.67 -- an increase of 53%. This increase was statistically significant.¹

Table 2. Change in Awareness of STD/HIV Infection, Treatment, and Prevention

OUTCOME	PRE-SURVEY % DEMONSTRATING AWARENESS	POST-SURVEY % DEMONSTRATING AWARENESS	CHANGE
3. At least 75% of participants who complete 8 hours of the program will demonstrate awareness of STD/HIV infections, treatment and prevention	60%	90%	+30%

OUTCOME STATUS: ACHIEVED

This outcome was achieved with 92% of CARE participants demonstrating an awareness of STD/HIV infections, treatment, and prevention.

OUTCOME 4: 75% WILL DEMONSTRATE KNOWLEDGE OF PREGNANCY PREVENTION

The fourth outcome requires that participants demonstrate their knowledge of pregnancy prevention as measured by four true-or-false items. Correct responses to at least three of these items are assumed to indicate that the participant had obtained sufficient knowledge of pregnancy prevention. The four items were as follows:

1. Not having sex is the best way to prevent pregnancy.
2. A good way to prevent pregnancy is if the guy pulls his penis out of the vagina before he ejaculates or comes.
3. Using a condom the right way every time lowers the risk of getting an STD or HIV infection and pregnancy.
4. The possibility of a pregnancy is lowered if the a girl takes birth control pills as instructed.

¹ Statistical significance was determined using a one-tailed Wilcoxon signed-rank test after it was determined that scores were not normally distributed [$Z = 5.674$ $p < .0001$].

Ninety-four percent (94%) of participants had a pregnancy prevention knowledge score of at least 3, a considerable improvement over the pre-survey percentage (i.e., 66%). The average score on the four items increased from 2.79 to 3.56 -- an increase of 28%. This increase was statistically significant.²

Figure 3 shows the percentage of participants that increased, decreased, or exhibited no change at all in their level of knowledge of pregnancy prevention. The figure shows that over half (51%) demonstrated an improvement in knowledge compared to their pre-survey level; only 5% showed a decline.

OUTCOME STATUS: ACHIEVED

This outcome was achieved, as 94% demonstrated sufficient knowledge of pregnancy prevention. Improvements in knowledge from pre- to post-survey were substantial -- a 28% increase on average -- and statistically significant.

OTHER FINDINGS

Several other items on the survey, while not directly measuring a specific outcome, are important in evaluating CARE. These items relate to (1) teens' overall impressions of the CARE intervention and facilitator and (2) teens' use of reproductive health clinics.

PARTICIPANTS' EVALUATION OF CARE

Several items on the post-survey asked participants to rate CARE and the information they received. The first question asked participants whether they received information about where to go for free family planning services for teens. Another item asked youth to give CARE an overall grade. A final item asked the youth to grade their instructor.

- ▶ With regard to receiving information about family planning clinics, 89% of youth indicated that they received this information in the intervention.

Figure 4 shows how youth graded the intervention and the CARE instructor. While 86% of youth gave the intervention itself an "A", an even higher percentage (i.e., 92%) gave the CARE instructor an "A". Two percent (2%) gave the intervention and the instructor a failing grade.

Figure 3. Change in Perceived Knowledge (n=61)

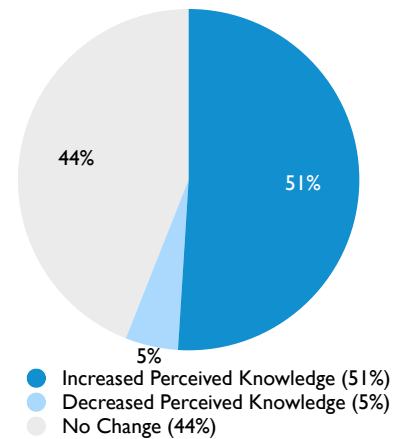
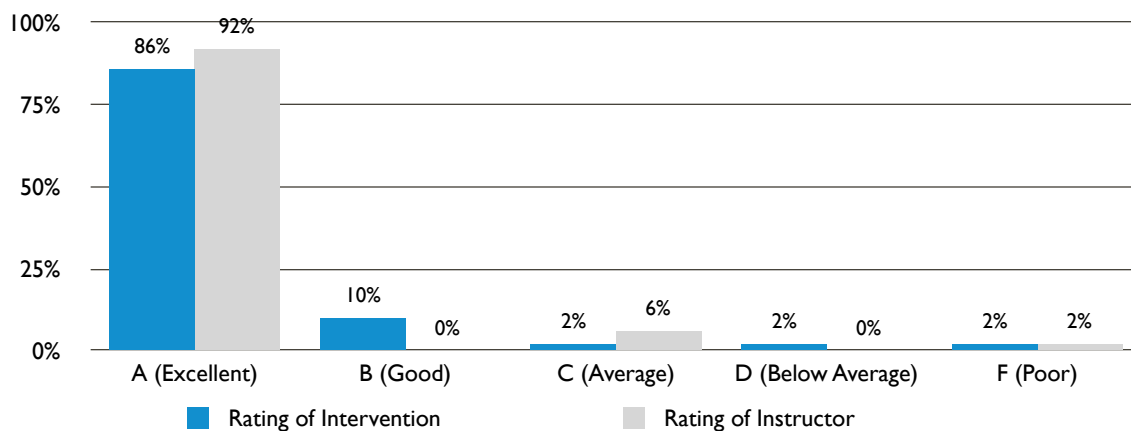


Figure 4. Participants' Rating/Grading of the Intervention and Instructor



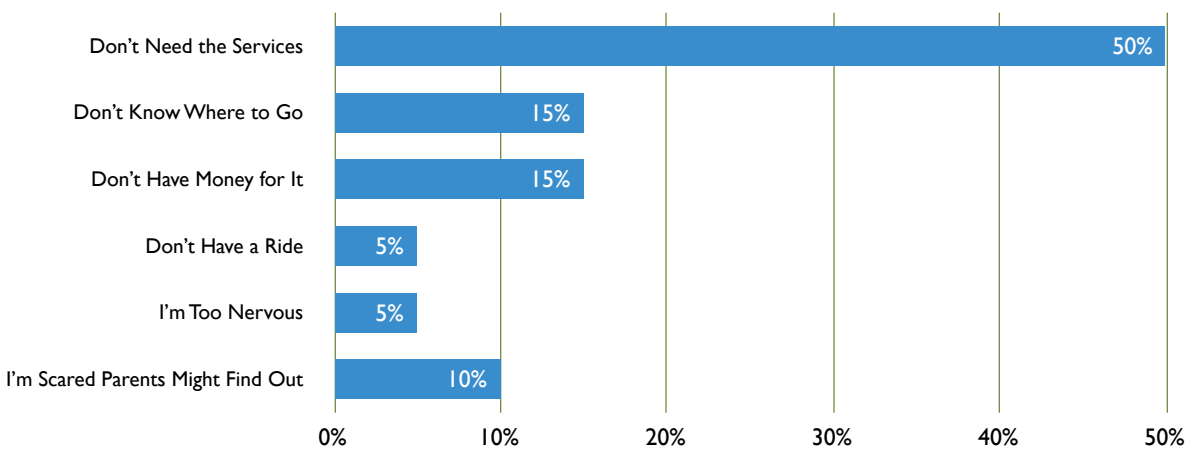
² Statistical significance was determined using a one-tailed Wilcoxon signed-rank test after it was determined that scores were not normally distributed [Z = 4.856 p < .0001].

USE OF FAMILY PLANNING SERVICES

A few items on the CARE Check-Up survey asked participants that completed CARE about their use of family planning services in the month following the end of the intervention. Among the most important questions were (1) whether or not the youth had gone to a clinic in the last 30 days and (2) the reasons why the youth did not go to a clinic. Unfortunately, a small number of youth (no more than 20) completed the CARE Check-Up survey, so results are not conclusive.

- ▶ Of the 18 youth that responded to the question, 22% of youth had gone to a clinic in the last 30 days.
- ▶ As shown in **Figure 5**, the most common reason that youth did not go to a clinic was that they did not need the services. Fifty percent (50%) of participants indicated this. Tied for second in terms of frequency of mentions were that the youth did not have money for a visit or that they did not know where to go. Fifteen percent (15%) of youth indicated this for each item. Less common reasons were that they didn't have a ride (5% of responses) or that they were too nervous (5% of responses). Another 10% indicated that they did not access a clinic because they thought their parents might find out.

Figure 5. Reasons Why Participants Haven't Gone to a Clinic



SUMMARY AND CONCLUSIONS

The following are the major findings of this evaluation:

- ▶ The CARE intervention positively affected teens' ability to discuss sexual risks and limits with their partner, with 96% of youth indicating that they could do so.
- ▶ CARE had a positive impact on teens' knowledge of STDs. Ninety-two percent (92%) of CARE participants demonstrated an awareness of STD/HIV infections, treatment, and prevention. The increase in knowledge from pre- to post-survey was substantial and statistically significant.
- ▶ Nearly all (94%) of CARE participants were able to demonstrate knowledge of pregnancy prevention. The average score on the items measuring pregnancy prevention knowledge increased from 2.79 to 3.56 -- an increase of 28%. This increase was statistically significant.
- ▶ Over half (51%) demonstrated an improvement in pregnancy prevention knowledge compared to their pre-survey level.

RECOMMENDATIONS

No changes to the administration or evaluation of CARE are recommended.

SHAPE - Youth Surveys

SHAPE - YOUTH SURVEYS

SHAPE stands for Sharing Healthy Adolescent and Parent Experience. There are two versions of this intervention -- SHAPE I and SHAPE II. SHAPE I is for children and their parents that teaches reproductive anatomy and physiology, puberty, and reproduction and childbirth. SHAPE II is for older youth (ages 13-16) and focuses on contraception, anatomy and physiology, sexually transmitted infections, and healthy relationships. Both consist of five, two-hour sessions, but the first session is an introductory session.

EVALUATION METHODOLOGY

Pre- and post-surveys were used to evaluate SHAPE. Only data from SHAPE I were available to the evaluator this year. The SHAPE I survey asks youth to grade themselves in terms of their knowledge of and attitudes toward puberty, sex, and communication with their parents. The following outcome (see **Table 1**) was associated with the SHAPE surveys.

Table 1. Measurable Outcomes for SHAPE - Youth Surveys

OUTCOME	HOW IT IS MEASURED
1. Minimum of 80 participants will complete 8 hours of program.	Camp Fire attendance data
2. As measured by local pre/post youth participant survey, at least 75% (60) of youth participants who complete all sessions will demonstrate knowledge of puberty changes (SHAPE I)	Pre- and post-survey
3. As measured by local pre/post youth participant survey, at least 75% (60) of youth participants who complete all sessions will demonstrate knowledge of the reproductive system (SHAPE I & II)	Pre- and post-survey
4. As measured by local pre/post youth participant survey, at least 75% (60) of youth participants who complete all sessions will demonstrate knowledge of methods to prevent pregnancy (SHAPE II)	Pre- and post-survey; only for SHAPE II sessions
5. As measured by local pre/post youth participant survey, at least 75% (60) of youth participants who complete all sessions will demonstrate confidence in ability to discuss sexuality related issues with parent/adult caregiver (SHAPE I & II)	Pre- and post-survey

PARTICIPANT PROFILE

A total of 17 SHAPE I surveys from youth were collected. Descriptive information about these participants is offered below.

- ▶ **Age.** Participants ranged in age from 9 to 11 years of age, with two-thirds of the participants aged 10.
- ▶ **Ethnicity.** Of the six youth that answered the question about race/ethnicity, all of them were Latino/Hispanic

OUTCOMES 1: MINIMUM OF 80 PARTICIPANTS WILL COMPLETE 8 HOURS

The first outcome states that 80 participants complete 8 hours of the curriculum. Attendance data is used to evaluate this outcome. The number of those completing the intervention is reported by Camp Fire in their annual report, and the data is not tracked by the local evaluation consultant.

OUTCOME STATUS: NOT EVALUATED IN THIS REPORT

Data used to evaluate this outcome is maintained by Camp Fire USA and is not reported by the local evaluation. Therefore, the status of this outcome is not addressed in this report.

OUTCOMES 2: 75% WILL DEMONSTRATE KNOWLEDGE OF PUBERTY CHANGES

Pre- and post-surveys collected this year represented a modified version of the surveys that were traditionally used to evaluate the outcomes. Therefore, some outcomes were not measured very well, or at least as intended. The SHAPE I youth surveys, however, contained a few items relevant to the second outcome, which specifies that at least 75% of youth completing the intervention will demonstrate that they are knowledgeable about puberty.

On this year's version of the survey, two items were particularly applicable:

- ▶ I know what puberty is.
- ▶ I know the changes that happen to girls' and boys' bodies during puberty.

Youth rated their level of knowledge -- from "Excellent" to "Poor" using a five-point grading scale -- on these two items. Sufficient knowledge about puberty was assumed if the youth grading themselves an "A" (Excellent) or a "B" (Good) on *both* items on the post-survey.

Table 2 shows that 86% of the youth completing SHAPE I gave themselves an "A" or "B" grade on both items, whereas only 42% did so on the pre-survey, representing a dramatic improvement.

Table 2. Change in Knowledge of Puberty Changes

OUTCOME	PRE-SURVEY % DEMONSTRATING KNOWLEDGE	POST-SURVEY % DEMONSTRATING KNOWLEDGE	CHANGE
2. As measured by local pre/post youth participant survey, at least 75% (60) of youth participants who complete all sessions will demonstrate knowledge of puberty changes (SHAPE I)	42%	86%	+44%

Average scores, which could range from 2 to 10, also showed a significant increase. The post-survey knowledge score was 8.86, a 28% increase over the pre-survey average of 6.92. This increase was statistically significant.³

OUTCOME STATUS: ACHIEVED

This outcome was achieved. Eighty-six percent (86%) of the youth completing SHAPE I rated their knowledge of puberty changes as "Excellent" or "Good". This represented a substantial increase over the percentage of youth responded similarly on the pre-survey.

³ Statistical significance was determined using a one-tailed Wilcoxon signed-rank test after it was determined that scores were not normally distributed [$Z = 2.634$ $p < .01$].

OUTCOMES 3: 75% WILL DEMONSTRATE KNOWLEDGE OF REPRODUCTIVE SYSTEM

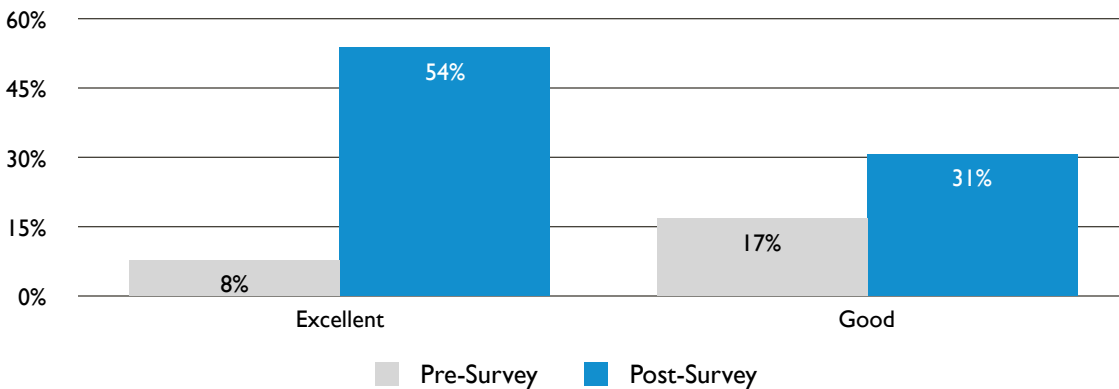
The third outcome requires that at least 75% of youth indicate that they are knowledgeable about the reproductive system. As mentioned under Outcome 2 above, the pre- and post-surveys that were collected this year represented a modified version of the surveys traditionally used to evaluate the outcomes. Even so, youth were asked to grade their level of knowledge of the human reproductive system on the modified version of the survey. One item was used to measure this outcome:

- ▶ I know how the sexual body parts work.

This outcome was achieved if at least 75% of youth rated their level of knowledge as “Excellent” or “Good” on the post-survey.

Figure I compares the percentage of youth on the pre- and post-survey rating their level of knowledge as “Excellent” or “Good”. The figure, furthermore, demonstrates that 85% of youth indicated that they were knowledgeable (i.e., an “Excellent” or “Good” rating) about reproductive anatomy and that this represents a substantial and, as it happens, a statistically significant increase.⁴ The percentage of youth on the pre-survey giving themselves an “Excellent” or “Good” rating was 25%.

Figure I. Participants’ Rating of Their Knowledge of the Reproductive System



OUTCOME STATUS: ACHIEVED

This outcome was achieved. Eighty-five percent (85%) of youth indicated that they knowledgeable about reproductive anatomy, representing a significant increase over the percentage of youth that said the same on the pre-survey.

OUTCOMES 4: 75% WILL DEMONSTRATE KNOWLEDGE OF PREGNANCY PREVENTION METHODS

This outcome is only applicable to the SHAPE II sessions, which serves older youth than SHAPE I. Since no SHAPE II surveys were collected, this outcome cannot be evaluated in this report.

OUTCOME STATUS: NOT EVALUATED IN THIS REPORT

This outcome applied to the SHAPE II sessions. No SHAPE II surveys were collected and submitted to the local evaluation this year, so this outcome is not addressed in this report.

OUTCOMES 5: 75% WILL DEMONSTRATE CONFIDENCE IN ABILITY TO DISCUSS SEXUALITY RELATED ISSUES WITH PARENT/CAREGIVER

The fifth outcome requires that three quarters (75%) of youth completing SHAPE I will indicate that they are confident that they can discuss sex-related issues with their parents or caregivers. One item on the survey was particularly relevant to measuring this outcome:

- ▶ I am better able to talk to my parent(s) about sex.

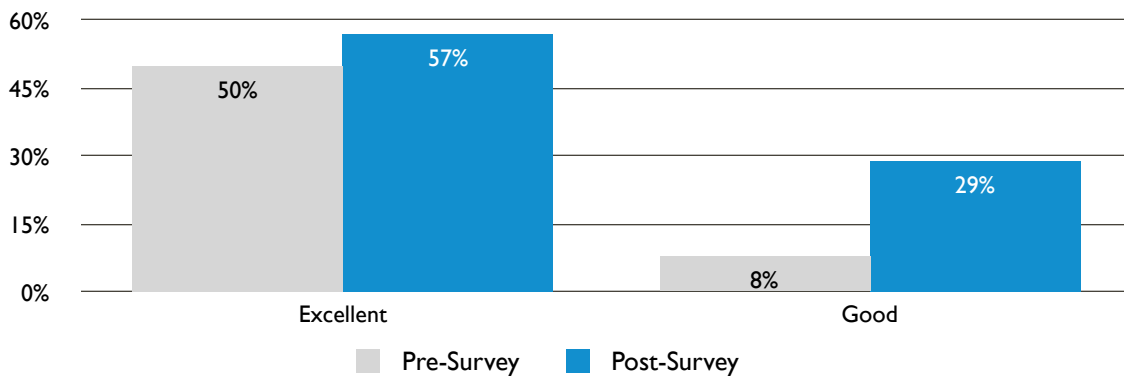
⁴ Statistical significance was determined using a one-tailed Wilcoxon signed-rank test after it was determined that scores were not normally distributed [$Z = 2.475$ $p < .05$].

As before, youth were to rate/grade their level of confidence from “Excellent” to “Poor” on a five-point scale. It was assumed that a rating of “Excellent” or “Good” on the item would indicate a sufficient level of confidence to achieve this outcome.

Figure 2 compares the percentage of youth on the pre- and post-survey rating their level of knowledge as “Excellent” or “Good”. The percentage of youth on the post-survey rating their knowledge as either “Excellent” or “Good” exceeds the percentage observed on the pre-survey -- 86% compared to 58%, respectively -- but the change is not as dramatic as with the other items and was not statistically significant. However, the outcome was met, since a vast majority indicated that they had enough confidence to talk with their parents about sex and sexuality.

The fact that the percentage of youth rating their confidence as “Excellent” only increased by seven percentage-points from pre- to post-survey probably says more about the dynamics of the parent-child relationship than it does about the effectiveness of the intervention.

Figure 2. Participants’ Ability to Discuss Sexuality Related Issues with Parent/Caregiver



OUTCOME STATUS: ACHIEVED

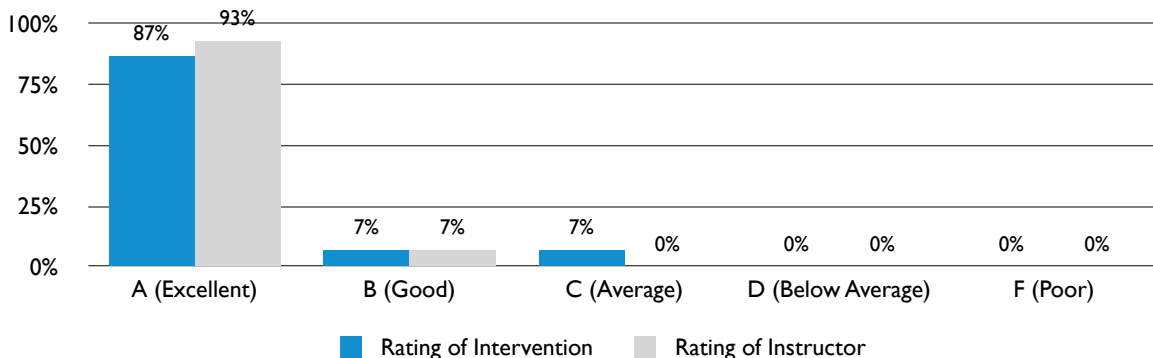
This outcome was achieved. Eighty-six percent (86%) of youth indicated that they felt confident talking to their parent(s) or caregivers about sex and sexuality. This represented substantial increase -- an increase of 28 percentage points from pre- to post-survey-- but not a statistically significant one.

OTHER FINDINGS

Several other items on the survey, while not directly measuring a specific outcome are important in evaluating SHAPE I. In particular, participant feedback about the intervention and the facilitator help assess how well the intervention was implemented.

Figure 3 shows how youth graded the intervention and the SHAPE I instructor. While 87% of youth gave the intervention itself an “A”, an even higher percentage (i.e., 93%) gave the SHAPE I instructor an “A”. Seven percent (7%) gave the intervention an “Average” grade. These results are very similar to those obtained for the CARE intervention.

Figure 3. Participants’ Rating/Grading of the Intervention and Instructor



SUMMARY AND CONCLUSIONS

SHAPE I met three out of the three outcomes evaluated in this report.

- ▶ SHAPE I had a positive impact on participants' knowledge of puberty and reproductive anatomy:
 - Eighty-six percent (86%) of the youth completing SHAPE I rated their knowledge of puberty changes as "Excellent" or "Good". This represented a substantial increase over the percentage of youth that said the same on the pre-survey.
 - Eighty-five percent (85%) of youth indicated that they knowledgeable about reproductive anatomy, representing a significant increase over the percentage of youth that said the same on the pre-survey.
- ▶ SHAPE I had a positive impact on participants' confidence in their ability to talk to their parent(s) or caregivers about sex and sexuality. Eighty-six percent (86%) of youth indicated that they felt confident talking to their parent(s) or caregivers about sex and sexuality. This represented substantial increase -- an increase of 28 percentage points from pre- to post-survey-- but not a statistically significant one.

RECOMMENDATIONS

No changes to the administration or evaluation of SHAPE I are recommended.

SHAPE - Adult Surveys

SHAPE - ADULT SURVEYS

SHAPE is an acronym for Sharing Healthy Adolescent and Parent Experience. Parents also participate in the SHAPE intervention, with their children. In fact, Camp Fire attempts to reach 95 parents with SHAPE. Both the parent and the child participate in the program together. SHAPE I is for parents with children 9 to 12 years of age, while SHAPE II is for parents with children older than 12.

EVALUATION METHODOLOGY

A feedback survey is administered to parents participating in SHAPE. The survey asks parents to rate how knowledgeable their child is about various topics and how confident they think their child is talking to them about sex. The survey also asks parents to rate how comfortable they are talking to their child about sex. Finally, the survey includes several items asking parents to rate SHAPE.

Table 1. Measurable Outcomes for SHAPE - Adult Surveys

OUTCOME	HOW IS IT MEASURED
1. Minimum of 80 participants will complete 8 hours of program.	Camp Fire attendance data
2. As measured by local post adult participant survey, at least 75% (60) of adult participants who complete all sessions will demonstrate knowledge of sexuality issues (SHAPE I & II).	Post-survey
3. As measured by local post adult participant survey, at least 75% (60) of adult participants who complete all sessions will demonstrate confidence in ability to discuss sexuality related issues with child (SHAPE I & II)	Post-survey; 2 items asking parents to grade/rate their ability to discuss sex-related issues.

OUTCOMES 1: MINIMUM OF 80 PARTICIPANTS WILL COMPLETE 8 HOURS

The first outcome states that 80 participants complete 8 hours of the curriculum. Attendance data is used to evaluate this outcome. The number of those completing the is reported by Camp Fire in their annual report, and the data is not tracked by the local evaluation consultant.

OUTCOME STATUS: NOT EVALUATED IN THIS REPORT

Data used to evaluate this outcome is maintained by Camp Fire USA and is not reported by the local evaluation. Therefore, the status of this outcome is not addressed in this report.

OUTCOMES 2: 75% WILL DEMONSTRATE KNOWLEDGE OF SEXUALITY ISSUES

The second outcome requires that parents demonstrate their knowledge of sexuality issues. However, the version of the survey used this year does not measure parents' knowledge level. Instead, the survey asks for parents' assessments of their child's knowledge about sexuality. This outcome, therefore, was not measured appropriately and cannot be evaluated with the available data.

OUTCOME STATUS: NOT EVALUATED IN THIS REPORT

This outcome cannot be evaluated with the data available. The items on the post-survey do not measure parents' knowledge of sexuality.

OUTCOMES 3: 75% WILL DEMONSTRATE CONFIDENCE IN ABILITY TO DISCUSS SEXUALITY RELATED ISSUES WITH CHILD

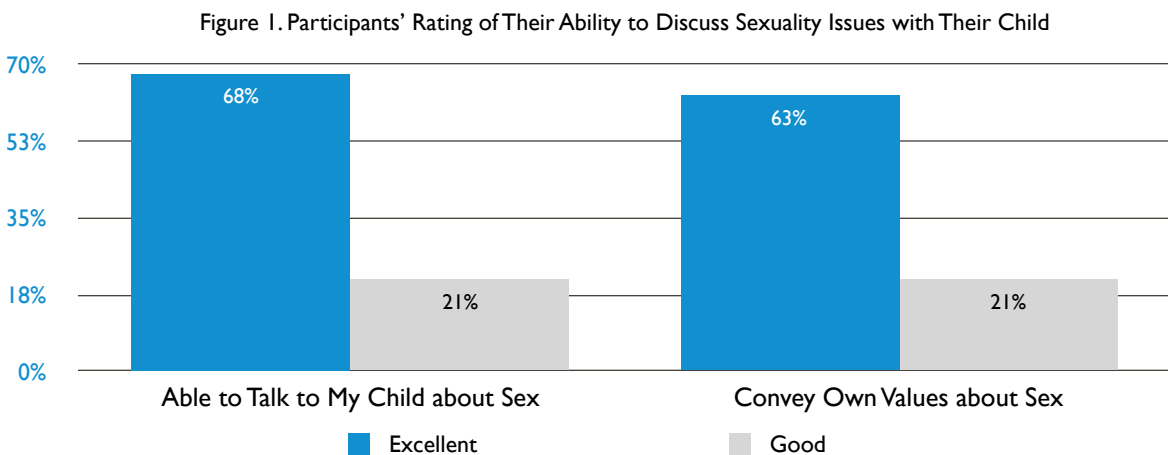
Unlike the second outcome, items measuring the third outcome are included on the post-survey. The outcome states that at least 75% of parents completing SHAPE will demonstrate that they can discuss sexuality related issues with their child. This is measured by two items:

- ▶ I am able to talk to my child about sex.
- ▶ I am able to clearly convey my own attitudes and values about sex to my child(ren).

Parents are asked to grade/rate their ability to do each on a five-point scale ranging from "Excellent" to "Poor". It was assumed for purposes of the evaluation that parents indicating "Excellent" or "Good" on both of the items on the survey were sufficiently confident.

After scoring the items so that higher scores indicated greater confidence, 87% of parents indicated that they could discuss sexuality-related issues with their child.

Figure I shows the percentage of parents (out of 60) rated their ability as "Excellent" or "Good" for each item. The percentage was slightly higher for parents' ability to talk about sex (89%) than it was for parents' ability to talk about their own attitudes and values about sex (84%).



OUTCOME STATUS: ACHIEVED

This outcome was achieved, with 87% of parents rating themselves as confident that they could talk about sex with their child (ren) or express their own values about sex to their child(ren).

PARTICIPANT FEEDBACK

Several items on the post-survey asked parents to rate various aspects of the SHAPE intervention. Overall, results were very encouraging.

Table 2 shows the percentage of parents rating each aspect of the program as “Excellent” or “Good”. No one, as it turned out, rated the intervention less than “Good”.

Table 2. Participant Ratings of SHAPE I

ITEM	% EXCELLENT (“A”) GRADE	%GOOD (“B” GRADE)	TOTAL: “A” AND “B” COMBINED
What overall grad would you give the SHAPE program?	89%	11%	100%
What grade would you give your SHAPE I instructor?	72%	28%	100%
Will the information and skills learned from SHAP help you as you go through puberty?	82%	18%	100%
Would you recommend this program to other ideas like yourself?	79%	21%	100%

SUMMARY AND CONCLUSIONS

Only one of the three outcomes for SHAPE I for parents was evaluated in this report due to data limitations. Major findings from this evaluation are few, as a result.

- ▶ SHAPE I helped parents feel confident talking to their child(ren) about sex and sexuality. Eighty-seven percent (87%) of parents indicated that they were confident that they could talk about sex with their child(ren) or express their own values about sex to their child(ren).
- ▶ Parents liked SHAPE, with 89% giving the intervention an “A” rating overall. On all feedback measures, no parent gave the intervention a rating less than “Good”.

RECOMMENDATIONS

No changes to the administration or evaluation of SHAPE I are recommended.

Smart Choices

SMART CHOICES

Smart Choices is a life skills intervention serving 260 middle and high school youth annually. Consisting of 8, 60-minute sessions, youth learn about values, self-esteem and peer pressure, making healthy decisions, friendship, communication, and healthy relationships.

The outcomes used to measure the success of the community event are listed in **Table 1**.

Table 1. Measurable Outcomes for Smart Choices

OUTCOME	HOW IT IS MEASURED
1. Minimum of 220 participants will complete 7 of 8 sessions.	Camp Fire attendance records
2. As measured on a local satisfaction/post survey, at least 75% (165) of participants completing a minimum of 7 sessions will be able to demonstrate knowledge of personal values	Post-survey items; response to 3 Likert-type items
3. As measured on a local satisfaction/post survey, at least 75% (165) of participants completing a minimum of 7 sessions will be able to demonstrate understanding of specific techniques to facilitate a healthy lifestyle	Post-survey items; response to 6 Likert-type items

EVALUATION METHODOLOGY

Smart Choices was evaluated via a post-survey of participants. This year, 60 such surveys were collected.

The post-survey asked participants the extent to which they agreed or disagreed with several statements relating to their knowledge, attitudes, and abilities. The survey also asked participants what they liked best about Smart Choices and what they thought could be done to make the intervention better.

OUTCOMES 1: MINIMUM OF 220 PARTICIPANTS WILL COMPLETE 7 OF 8 SESSIONS

The first outcome states that no less than 220 participants complete 7 of 8 hours of the curriculum. Attendance data is used to evaluate this outcome. The number of those completing the intervention is reported by Camp Fire in their annual report, and the data is not tracked by the local evaluation consultant.

OUTCOME STATUS: NOT EVALUATED IN THIS REPORT

Data used to evaluate this outcome is maintained by Camp Fire USA and is not reported by the local evaluation. Therefore, the status of this outcome is not addressed in this report.

OUTCOMES 2: 75% WILL DEMONSTRATE KNOWLEDGE OF PERSONAL VALUES

The second outcome states that 75% of participants will demonstrate knowledge of personal values. Three items on the post-survey relate to values:

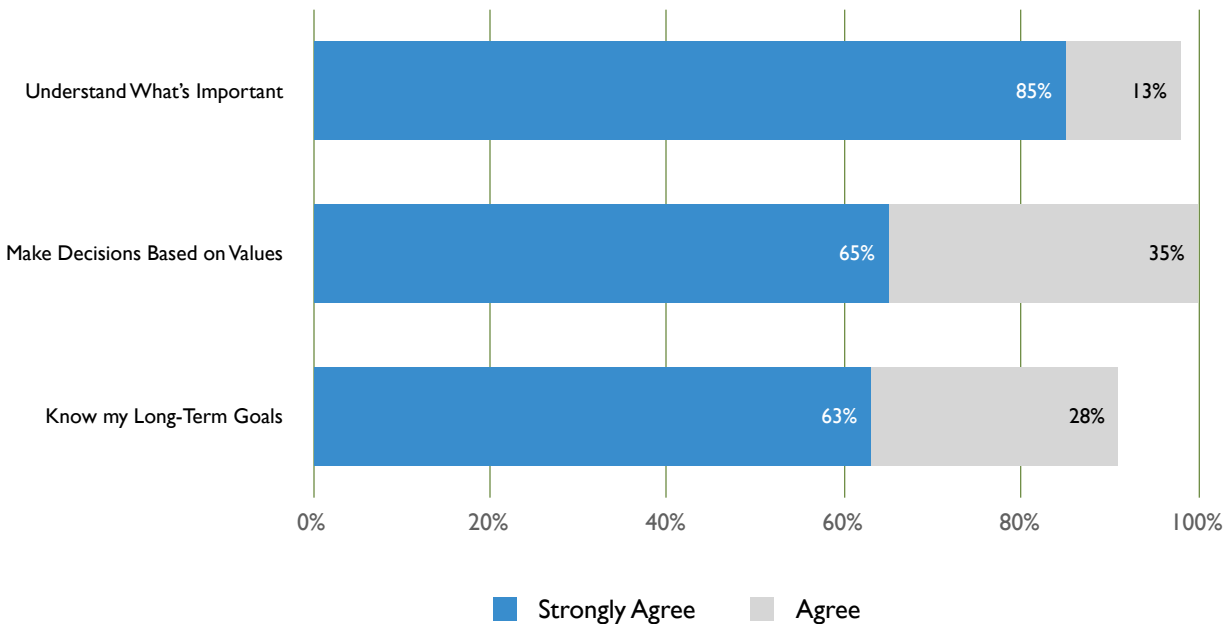
- ▶ I understand what's really important to me.
- ▶ I make decisions based on my personal values.
- ▶ I know what my long-term goals are for my future.

A four-response Likert-type scale was used, with responses ranging from "Strongly Agree" to "Strongly Disagree". Items were coded so that higher scores were given to more desired responses -- that is, responses that were consistent with the curriculum and goals of Smart Choices.

Participants were assumed to demonstrate knowledge of personal values if they scored a 9 or higher on the three items (each items had a possible score of 4). Results indicated that all (100%) of participants met this criterion.

Figure 1 shows the percentage of participants (out of 60) that strongly agreed and agreed with each item. Overall, the results are impressive.

Figure 1. Percentage of Participants Agreeing or Strongly Agreeing to the Following Items (n=60)



OUTCOME STATUS: ACHIEVED

This outcome was achieved, with 100% of participants demonstrating knowledge of their personal values.

OUTCOMES 3: 75% WILL DEMONSTRATE UNDERSTANDING OF SPECIFIC TECHNIQUES TO FACILITATE A HEALTHY LIFESTYLE

The third outcome states that at least 75% of participants will demonstrate an understanding of techniques to facilitate a health lifestyle. The items used to measure this outcome are as follows:

- ▶ I know how to say “No” to peer pressure.
- ▶ When I’m down on myself, I know how to make myself feel better.
- ▶ I know how to make new friends
- ▶ I realize the importance of good listening skills when communicating with others.
- ▶ I know how to talk with a date or boy/girlfriend about how to set limits.
- ▶ I know how to avoid/handle risky dating situations.

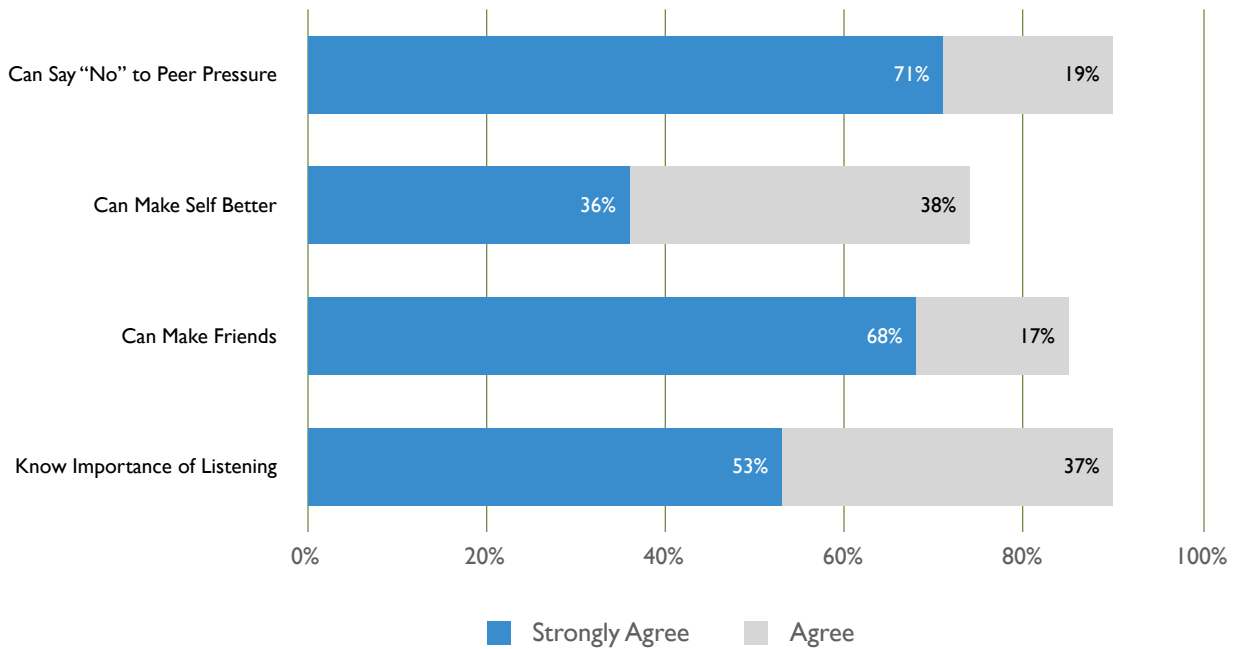
There were no responses on these surveys for the last two items, so this outcome was evaluated using the first four items.

Participants rated on a scale from “Strongly Agree” to “Strongly Disagree” each item, and items were scored from 1 to 4, with higher scores indicating more desirable answers. To achieve this outcome, participants would need to have a total score of 12 or higher, indicating that they at least agreed to each of the four items.

Results revealed that 79% of participants has scores of 12 or higher, indicating that this outcome was met.

Figure 2 shows the percentage of participants (out of 60) that strongly agreed or agreed to each of the items. The table show that the highest percentage of youth responding “Strongly Agree” was for the item asking youth if they know how to say “no” to peer pressure, with 71% indicating that they strongly agreed that they could.

Figure 2. Percentage of Participants Agreeing or Strongly Agreeing to the Following Items (n=60)



OUTCOME STATUS: ACHIEVED

This outcome was achieved, with 79% of youth indicating that they knew techniques to facilitate a healthy lifestyle.

PARTICIPANT FEEDBACK

Two items on the post-survey asked parents to provide feedback about Smart Choices. In particular, the questions asked for participants to identify what they liked best about the intervention and what they thought could be done to improve Smart Choices.

WHAT PARTICIPANTS LIKED BEST

Participants tended to identify the following as things that they like best about Smart Choices:

- ▶ The skits and role playing
 - ▶ “That you could learn good choice in skits”
 - ▶ “Making a play for people”
- ▶ The lesson on peer pressure
 - ▶ “Talking about peer pressure”
 - ▶ “I liked when we did peer pressure”
- ▶ The environment created by Smart Choices
 - ▶ “I like smart choices because it lets you express yourself without being judged by someone else.”
 - ▶ “Everything because I love how I can tell the truth about myself and to be in a safe place”
- ▶ The lessons they learned in the intervention
 - ▶ “Learning stuff I didn't know”
 - ▶ “It helped me how to set goals and choose right from wrong”
 - ▶ “I like we get 2 learn about how to make smart choices in the classroom.”

IMPROVEMENTS THAT CAN MADE

For the most part, participants did not have suggestions to improve Smart Choices, saying that it was fine as it was and didn't need improving. Others recommended the following:

- ▶ More games and activities
 - ▶ “More fun stuff like games”
 - ▶ “More activities”
 - ▶ “I think that they should make up better game for all of us”
- ▶ More time for homework
 - ▶ “I think acs can be better by doing homework first then the rest of time only free play and snacks
 - ▶ “Make more time for homework”
- ▶ More time to talk about friendships
 - ▶ If we talk about friendships more.
 - ▶ “I think by gathering the children to practice making new friends.”

SUMMARY AND CONCLUSIONS

Two of the two outcomes evaluated in this report were achieved.

- ▶ Participants completing Smart Choices demonstrated a knowledge and awareness of their own values. All (i.e., 100%) of the participants did so by agreeing or strongly agreeing that they know what is important to them, that they make decisions based upon their personal values, and they know their long-term goals.
- ▶ Smart Choices helped youth learn techniques needed to live a healthy lifestyle. In fact, 79% of participants demonstrated that they were knowledgeable about these techniques.

RECOMMENDATIONS

The only recommendations that seem appropriate for this intervention are those proposed by participants, who indicated that they would like to see more games and activities, as well as more time for homework and for discussing friendships. No other recommendations for the administration of the intervention or the evaluation itself seem appropriate or warranted.

A Gift of Giving

A GIFT OF GIVING

According to Camp Fire's promotional materials, A Gift of Giving (AGOG) is "designed to involve youth in volunteer activities that promote learning and community services." Activities help youth understand their community and the meaning of community service and help plan and implement a community service project. The intervention targets 260 youth aged 11 to 19 years of age through 8, one-hour sessions.

EVALUATION METHODOLOGY

AGOG was evaluated using a feedback survey administered to participants upon completing the intervention and activities. This survey asks youth about their behavior working in a group, their attitudes toward community service, what they learned from their experience, and their overall opinion of the intervention. This instrument were designed to measure the program goals (outcomes) identified in **Table I**.

Table I. Measurable Outcomes for *Parents as Teachers*

OUTCOME	HOW IT IS MEASURED
1. Minimum of 220 participants will complete 8 hours.	Camp Fire attendance records
2. As measured by local satisfaction/post survey, at least 75% (170) of participants will complete the service project will report positive attitude towards working cooperatively with others.	Post-survey; 3 Likert-type items
3. As measured by local satisfaction/post survey, at least 75% (170) of participants will complete the service project demonstrate empathy towards community members in need of assistance	Post-survey; 3 Likert-type items
4. As measured by local satisfaction/post survey, at least 75% (170) of participants will complete the service project understand personal impact of community service	Post-survey; 3 Likert-type items
5. As measured by local satisfaction/post survey, at least 75% (170) of participants will complete the service project report program impact on learning something new/important.	Post-survey; 1 yes or no item and 2 multiple-choice items

PARTICIPANT PROFILE

Seventy-seven feedback surveys were collected this year. Descriptive information about these participants is offered below.

- ▶ **Gender.** Slightly more females attended AGOG than males -- 54% compared to 46%, respectively.
- ▶ **Age.** The age of participants ranged from 7 years old (n=1) to 30 years of age (n=1), but more than two-thirds of youth (i.e., 69%) were between 12 and 17 years of age.
- ▶ **Race/Ethnicity.** Almost all (92%) of those participating in the intervention were Hispanic/Latino. Whites and African Americans made up 2% of the sample each. Those identified as "Other" made up the remainder of participants.

OUTCOMES 1: MINIMUM OF 220 PARTICIPANTS WILL COMPLETE 8 HOURS

The first outcome states that no less than 220 participants complete 8 hours of the curriculum. Attendance data is used to evaluate this outcome. The number of those completing the intervention is reported by Camp Fire in their annual report, and the data is not tracked by the local evaluation consultant.

OUTCOME STATUS: NOT EVALUATED IN THIS REPORT

Data used to evaluate this outcome is maintained by Camp Fire USA and is not reported by the local evaluation. Therefore, the status of this outcome is not addressed in this report.

OUTCOMES 2: 75% WILL REPORT A POSITIVE ATTITUDE TOWARDS WORKING COOPERATIVELY WITH OTHERS

The second outcome states that at least three-quarters of participants will report a positive attitude toward working cooperatively with others. Favorable responses to three items are used to measure this outcome:

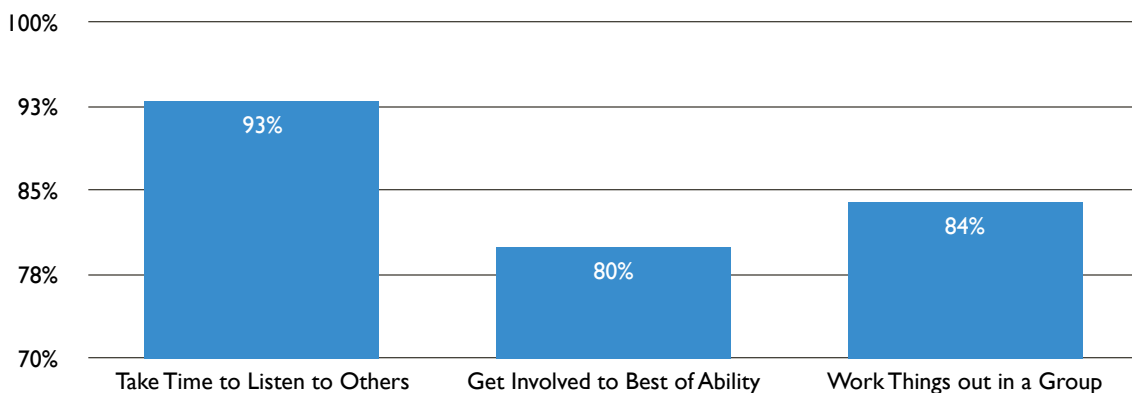
- ▶ When working on a project with a group, do you take the time to listen to what others have to say?
- ▶ When working on a project with a group, do you step-up and get involved to the best of your ability?
- ▶ When working on a project with a group, do you work things out with others in the group?

A "Yes" response to at least two of these three items was used to indicate the outcome was achieved.

Out of 72 responses, we found that 86% of youth met this criterion, indicating that the outcome was achieved. Eleven percent (11%) answered "Yes" to two of the three items while 75% answered "Yes" to all three.

Figure 1 shows the percentage responding "Yes" to each of the items. It shows that a higher percentage of youth indicated that they listen to what others have to say than the percentage of youth indicating they get involved to the best of their ability or work things out with others -- 93% compared to 80% and 84%, respectively.

Figure 1. Percentage of Participants that Report a Positive Attitude Toward Working with Others (n=72)



OUTCOME STATUS: ACHIEVED

This outcome was achieved. Eighty-six percent (86%) of participants responded “Yes” to two of the three items relating to working cooperatively with others; 75% to all three.

OUTCOMES 3: 75% WILL DEMONSTRATE EMPATHY TOWARDS COMMUNITY MEMBERS IN NEED OF ASSISTANCE

The third outcome requires that at least 75% demonstrate empathy towards community members in need of help. Three items on the survey were used to evaluate this outcome:

- ▶ I'm interested in doing something about problems in my school or neighborhood.
- ▶ I think you should help people even if they are strangers.
- ▶ I like to spend time on my own activities⁵

Participants were asked to indicate whether they disagreed or agreed with the above statements. Desired response -- that is, those consistent with the curriculum and goals of the intervention -- were given a score of “1” so that total scores could range from 1 to 3. Scores of 2 or 3 were used to indicate that the outcome was achieved.

Results shown in **Figure 2** indicate that the second outcome was not achieved, with only 66% (30% + 36%) scoring above a “2”.

OUTCOME STATUS: NOT ACHIEVED

This outcome was not achieved, with only 66% of youth demonstrating empathy towards community members in need of assistance.

OUTCOMES 4: 75% WILL UNDERSTAND PERSONAL IMPACT OF COMMUNITY SERVICE

The fourth outcome states that at least 75% will understand the personal impact of community service. Three items on the survey are used to measure this outcome, and as with the other outcomes, a desired response -- in this case a response of “Strongly Agree” or “Agree” -- on two out of three of the items was necessary for this outcome to be achieved.

The items were as follows:

- ▶ I think people in the community care about me.
- ▶ Volunteering can help me feel better about myself.
- ▶ I feel I can change what will happen in the future by what I do today.

A desired response was scored as a “1” and undesired responses (i.e., “Strongly Disagree” or “Disagree”) were scored as a “0”. Scores of 2 or more were used to indicate that the youth had an understanding of the impact of community service.

Figure 3 shows that scores ranged from 0 to 3, with 78% having a score of 2 or above. Twenty-two percent (22%) had a score of 1 or 0.

Figure 2. Distribution of Scores on Demonstrating Empathy Toward Community Members in Need

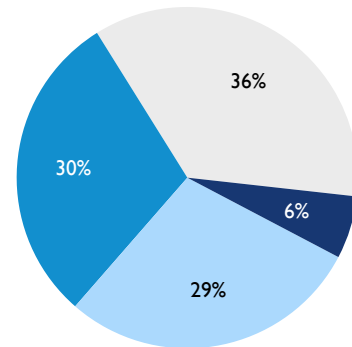
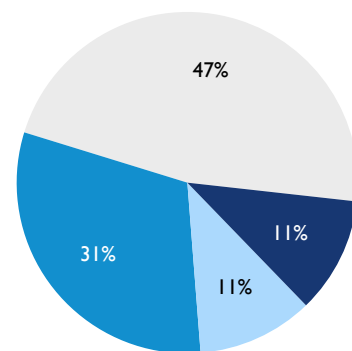


Figure 3. Distribution of Scores on Understanding Impact of Community Service



⁵ Disagreement with this statement is desired, whereas agreement is desired for the other two items.

OUTCOME STATUS: ACHIEVED

This outcome was achieved, with 78% demonstrating that they understood the personal impact of community service.

OUTCOMES 5: 75% WILL LEARN SOMETHING NEW/IMPORTANT

The fifth and final outcome requires that at least 75% of youth indicate that they learned something new or important. Three different items were used to measure this outcome -- 1 of them a direct question, the other two multiple-choice items. The first item asked youth to indicate whether or not they learned a little, a lot, or nothing at all in the program. The second item asked youth to check the things they felt they learned in the program from among a list of items, while the third item asked them to indicate what they will do differently after being in the program. Multiple responses were allowed.

Responses were coded and scored on a scale from 0 to 3, with "1" point being given to responses indicating that youth learned something in the intervention.

Out of 77 youth, only 32 youth (42%) indicated that they learned something on two out of the three items. This does not appear to meet the outcome, but it is important to note that the low percentage is mostly due to the fact that many youth simply skipped these items, probably because the second page of the survey where these items were asked was not distributed or returned.

Of the the 32 that responded to these questions, 100% indicated that they learned something new, so it may be argued that this outcome was achieved.

OUTCOME STATUS: PARTIALLY ACHIEVED

This outcome was achieved when excluding youth that either did not complete the second page of the feedback survey or skipped these items, with 100% learning something new or important. Technically, though, only 32 of 77 (42%) youth learned something new or important, as 45 youth never responded to these items.

PARTICIPANT FEEDBACK

Three items on the post-survey asked participants to provide feedback about the A Gift of Giving intervention. These items included an overall rating of the teacher, an overall rating of the program, and an assessment of whether the program was too long, too short, or just right.

- ▶ Three-quarters (75%) of participants indicated that the teacher was "Excellent", and another 13% indicated that the teacher was very good. Only 3% rated the teacher as "Poor", and 9% rated the teachers as "Good".
- ▶ Two-thirds (66%) of youth rated the program overall as "Excellent", with 25% and 9% rating it as "Very Good" or "Good", respectively. No one rated the intervention less than "Good".
- ▶ A majority (80%) indicated that the intervention was just the right length, and no one felt that it was too long. Seventeen percent (17%) felt that it was too short, however -- 10% "too short" and 7% "much too short".

SUMMARY AND CONCLUSIONS

Among the major findings of this evaluation are the following:

- ▶ Eighty-six percent (86%) of participants reported that they work cooperatively with others in a group.
- ▶ Two-thirds (66%) of youth demonstrated empathy towards community members in need of assistance. will understand the personal impact of community service
- ▶ Of those that responded, all of the participants indicated that they learned something new or important from A Gift of Giving.
- ▶ Ratings of the intervention were very favorable, with 75% rating the teacher as "Excellent" and two-thirds off participants rating the intervention overall as "Excellent".

RECOMMENDATIONS

The only recommendation that is appropriate for this intervention is for the program administrators to consider lengthening the program, perhaps by adding an extra hour. Otherwise, no other recommendations for the administration of the intervention or the evaluation seem appropriate or warranted.