

ANNUAL PROJECT OUTCOMES REPORT

Agency Name

Project Name

Primary Target Population

Provincial Strategic Direction Alignment (referenced in section 2.1(1)(b) of the FCSS Regulation)

Please select the one Provincial FCSS Strategic Direction that comes from the five regulatory statements (referenced in section 2.1(1)(b) of the Provincial FCSS Regulation) which best fits with this project.

Help to develop independence, strengthen coping skills and become more resistant to crisis

Help to develop an awareness of social needs.

Help to develop interpersonal and group skills, which enhance constructive relationships among people.

Help people and communities to assume responsibility for decisions and actions, which affect them.

Help to sustain people as active participants in the community.

Green View Family and Community Support Services Priority Outcome Please select the one FCSS Priority

Outcome your project outcome most contributes to:

Social Inclusion

Building Community Potential

PROJECT OUTCOME STATEMENT

Indicator of Success #1

Question/Measure #1

Number of participants

completing measure:

experiencing a positive change:

Question/Measure #2 (if more than one)

Number of participants

completing measure:

experiencing a positive change:

Indicator of Success #2

Question/Measure #1

Number of participants

completing measure:

experiencing a positive change:

Question/Measure #2 (if more than one)

Number of participants

completing measure:

experiencing a positive change:

ADDITIONAL INFORMATION

Identify measurement tool used

If other, please describe

When was measurement tool used?

Output information related to this program

Number of participants served?

Adults

Children/youth

Families

Seniors

Number of volunteer hours related to this project only? (if applicable)

Stories *(please share a story that describes the significant impact for a participant or participants.)*

CONTINUOUS QUALITY IMPROVEMENT

After analyzing the data, would you like to continue with this project? Why or why not?

What improvements could you make to the project?

What improvements could you make to the outcome measurement process?

Successes:

Changes to be made:

Completed by:

Signature: _____

Date:

Name: _____

Important: After completing this report; save a copy with a different name for your files.