

Pierce County Funders Group Transitional Programs: OBE Desk Monitoring Tool

Effective: July 1, 2009

Introduction

This tool should be used for programs who are on the transitional OBE process (not reporting annually), but are currently funded by a PCFG member. The monitoring reviews the program's ability to accomplish the first two quarterly projects: the Data Collection Worksheet (DCW) and Measurement Tool(s), and should occur *six months* after the start of the contract.

Training Attendance (1 point)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | At least one program staff member attended the EEOBE class (1 pt) |

Outcomes/Indicators- identified on DCW (0 points)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | One Outcome & Indicators from the Outcome Catalogue (0pts) |
| <input type="checkbox"/> | <input type="checkbox"/> | One Outcome & Indicators from the Mandated List (0pts) |

Outcomes/Indicator Criteria- identified on DCW (2 points)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Achievement criteria is identified for Outcomes/Indicators (0pts) |
| <input type="checkbox"/> | <input type="checkbox"/> | Outcome criteria of <u>A&B</u> OR program has an approved justification (1pt) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indicator achievement criteria is based on the measurement tool(s) and adequately measures the indicators. (1pt) |

Measurement Tools (3 points)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Measurement tool(s) for each outcome is identified on the DCW (1pts) |
| <input type="checkbox"/> | <input type="checkbox"/> | Measurement tool(s) have been pilot tested and revised/finalized (2pts) |

Data Collection Process and Method – identified on DCW (2 points)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Who collects data and when it is collected is identified on the DCW and is appropriate (1pt) |
| <input type="checkbox"/> | <input type="checkbox"/> | Program evaluates all clients OR program justifies use of the identified sampling strategy (1pt) |

Validity/Reliability- identified on DCW (2 point)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Identifies one appropriate step for validity for each measurement tool (1pt) |
| <input type="checkbox"/> | <input type="checkbox"/> | Identifies one appropriate step for reliability (1pt) |

Program Name: _____

Total Points: _____

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Comments/Recommendations:

Contract Specialist Signature: _____ **Date:** _____