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| To be completed every six months by all Makai Watch Site Programs and submitted to the State Wide Makai Watch Coordinator | State of Hawaii Makai Watch Program |

## Makai Watch Site Program Assessment: [Site Name]

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| Review Information |
| Site Coordinator: [Your Name] |
| |  |  | | --- | --- | | Date: [Date] | Review Period: [Date] to [Date] | |

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| Guidelines |
| This program evaluation is intended to support and improve the efficiency and process of the State Makai Watch Program. Your valued responses will be compiled by the State Makai Watch coordinator and reviewed by the Makai Watch Advisory Group to help them in understanding the status of your program determine if any adjustments in the program are needed, and how best to address and acknowledge those needs. |

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| General |

1. What are the objectives of your community Makai Watch Program?

2. On the scale provided, please rate how well the state MW program has helped address those objectives

1. Not at all
2. Rarely
3. Somewhat
4. Mostly
5. Completely Addressed

Objective Score:

1.

2.

3.

Please provide your explanation of your rating for each Objective:

1.

2.

3.

3. Has your program been changed in any way since initiation of the program? Please explain how and why and the results of changes:

4. Please describe any highlights and success in the implementation of your Makai Watch Program during this evaluation period (and the factors contributing those successes)

5. Please describe any challenges or problems in the implementation of your Makai Watch Program during this evaluation period (please describe any ways that you have addressed these challenges or problems and your progress)

6. What specific assistance would be helpful to you in implementing and complying with requirements?

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| Communication |

7. What did you like best about the communication between community and MW coordinator?

8. What did you like least or find most challenging about communication with the MW coordinator?

9. Please provide suggestions for improvement in communications?

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| Awareness Raising and Outreach |
| 10. How many individuals were reached through the program site volunteers?  11. How many outreach events were DLNR (DOCARE or DAR?) invited to and how many of those did they attend? Please provide event and dates  12. What did you like best/find most successful about the Awareness Raising and Outreach component and why? Please discuss any factors contributing to success.  13. What did you like least or find most challenging/least successful about Awareness Raising and Outreach and why? Please discuss any factors contributing to the challenges.  14. Please provide any suggestions for improvement in Awareness Raising and Outreach? |

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| Observation and Incident Reporting |

15. What did you like best/find most successful about the Observation and Incident Reporting (OIR) component and why? Please discuss any factors contributing to success.

16. What did you like least or find most challenging/least successful about OIR component and why? Please discuss any factors contributing to the challenges.

17. What did you like best about the DOCARE response and coordination? Why?

18. What did you like least of find most challenging about DOCARE response and communication? Why?

19. Please provide any suggestions for improvement?

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| Support / Funding |
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20. Did your program seek funding? Were any funds secured?

21. Did DLNR (DOCARE or DAR) provide a letter of support for your funding applications?

22. What additional resources do you feel are needed to implement the Makai Watch in your community?

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| Other Comments |
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Any additional comments?

Thank you for taking the time to complete the survey. Your responses are greatly appreciated

Mahalo Nui!