



Step 4: Align your evaluation to the Results Based Logic Model.

4a. Examine your activities and results in the context of the RBLM.

Consider the activities and results that you have defined and determine where they fit into the RBLM (see page 8). This will align your work with the national community school movement and with the resources provided in this toolkit.

4b. Decide which results will be your focus.

After reviewing the list of results that your team considers important, you will need to narrow the list so that you can focus on a few. Think strategically, with your community school stakeholders, about where your activities and results align with the RBLM. It may be that they fit within several different results. Knowing that community schools often address many needs, stakeholders need to agree on the realistic priorities of the evaluation.

Deciding on the scope of your results, by focusing on only one or two results in the beginning will simplify data collection and measurement as well as allow you to hold productive conversations with your partners.

Evaluation example: Grand Rapids, MI

[Kent School Services Network](#) (KSSN), in Grand Rapids, MI, brings health and human services into the school building to serve students and families. This idea is called a “community school.” Given the importance of students attending school consistently, placing services at school removes many barriers families have in finding services and helps keep students in class. When students are in class, they can keep learning and achieving. KSSN decided to tackle the issue of early chronic absence within their community schools.

Their first step was to organize a group of stakeholders (*i.e. Inputs*) that would be able to create and implement strategies that made most sense for them and their community. Some members of their “Attendance Team” include:

- Principal
- Community School Coordinator
- Nurse
- Family Support Specialist
- Home/School Coordinator

Below are a few of the activities that KSSN decided to implement (*i.e. What Can Happen at a Community School*):

- The principal leads the attendance meeting, contacting parents when appropriate.
- The community school coordinator makes arrangements for mental health assessments and necessary referrals, assists with transportation needs to initial assessments and follow-up services, and assists with contacting parents regarding attendance concerns.
- The attendance secretary prepares a weekly list of students with attendance concerns, attends the attendance meetings, and mails appropriate attendance letters to parents.
- The school contacts the family - either by phone, face-to-face, or home visit - to address truancy concerns.
- The Department of Health Services intervenes to address any violations related to state benefits concerns and mails notification letters once the child has missed two days of school.
- The school nurse addresses medical issues that may be preventing a student from regular attendance by following up with the parent/guardian and makes any necessary referrals.
- Parents are invited to attendance meetings to discuss their child’s attendance and plan with the school to help the student attend more consistently.

Addressing barriers—some examples of barriers to *attending school consistently* have been: a lack of reliable transportation, an issue with the bus stop, lack of an alarm clock, lack of a morning routine, etc. Once barriers are identified the team works to eliminate the issue(s) with the family.

Results: KSSN’s findings do not show a clear overall trend in data from the eight KSSN schools. However, each school individually exhibits some positive trend. Most schools improved from the first year of data collection to the last year. An example of success at one of the KSSN schools is that the percentage of students who were chronically absent dropped from 27.5% (2004-2005) to 7.4% (2007-2008). Also, the overall academic achievement at the KSSN schools is improving.

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Evaluation example: Tulsa, OK

Mark Twain Elementary – a community school - focuses on creating a child-centered community. One of the ways in which the school does this is by offering health services to their students and families. This is important because their once full-time school nurse - now on a part-time schedule – is only able to serve the neediest students. Furthermore, the families depended on the school nurse for their own health care because there were no health facilities in the neighborhood. Families with no personal transportation had to spend the entire day with all their children on public transportation traveling across the city for services. If it were not for the school nurse, many illnesses and injuries would have gone undiagnosed and under referred. Emergency rooms were the neighborhood’s primary care if the school nurse could not assist them. With the reduced health services at the school, families were left without a place to receive medical care.

Realizing this gap the community school partnered with their local university to provide a school health clinic. Having a full-time school nurse in their health clinic had helped them address their students’ barriers to learning. The health clinic provides free family health services - as well as extended educational opportunities - within walking distance of their homes. The health clinic staff conducts school-wide home visits (twice a year) further building family relationships and celebrations for all children and their success. Referrals and clinic information are disseminated by staff and followed through by the clinic social worker.

By paying attention to their students’ and families’ health (i.e. Results: *students are healthy: physically, emotionally, and socially* and *schools are engaged with families and communities*), Mark Twain was also able to make great strides in academic achievement. Rising from the ashes of the lowest test scores in the city 10 years ago, Mark Twain has made great strides in proving poverty (94% free lunch w/ 70% mobility) does not denote academic success and expectations for all children. Before the school-based health clinic, there were high rates of mobility and absences. In 2007-08, they experienced mobility rates of below 50%. They have also increased attendance (2002-2009) from 90.8% to 93.3%. (See chart below.)

Year	Math	Reading	Notes
2002 – 03	706	475	
2003 – 04	990	720	
2004 – 05	1132	956	Attendance rose from 90.8 to 93.3 during 2002 - 2009
2005 – 06	1201	1298	
2006 – 07	1431	1417	
2007 – 08	1416	1499	Mobility has decreased to below 50%
2008 – 09	1428	1382	

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