

Appendix 1C

Community Indicator Assessment Form

Community Indicator Assessment Form

Indicator Number: _____ Indicator Title: _____

Dates Assessment Conducted: _____

Indicator Assessment Period: _____

Assessed

Not Assessed (indicate primary reason):

Low program priority

Insufficient resources

Insufficient data source(s) available

Other: _____

	None	Poor	Fair	Good	Excellent	I/D	N/A
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Public awareness	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
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Comment:

Public support	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
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Comment:

Media attention	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
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Comment:

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	None	Poor	Fair	Good	Excellent	I/D	N/A
Education/awareness campaign Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Media campaign Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary policy Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Legislated policy Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Active enforcement Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Compliance Comment:	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Overall Indicator Rating	1	2	3	4	5		

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Ethnic/Special Populations

Are there ethnic or other special populations in this community that have specific needs regarding this indicator? **Yes** **No**

If yes, identify which ethnic/special groups: _____

If yes, which areas from the Continuum of Strategies (above) would benefit from enhanced intervention: _____

Data Sources (including data on ethnic and other special populations)

1.

2.

3.

4.

5.

Attach assessment documents for documentation & planning purposes

Name of person(s) completing the Indicator Assessment Form:

1.

2.