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# C1-1 Baseline Assessment Answer Key – Part 1 (Basic Program)

Assessment No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Assessment Coordinator: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program Element Category** | **Toolkit Team Member(s) Conducting Assessment (fill in for each program element category)** | **Program Element Code** | **Element in Place (answer = yes)Mark with an X** | **Element Missing (answer = no)Mark with an X** | **Priority Group # (1–4) - for Missing Elements (refer to Priority Groups table below)** | **Flagged for Action Plan(suggested maximum: 5–10 elements)** |
| Organizational |   | O1 |   |   |   |   |
|   | O2 |   |   |   |   |
|   | O3 |   |   |   |   |
|   | O4 |   |   |   |   |
| Procedural and policy |   | P1 |   |   |   |   |
|   | P2 |   |   |   |   |
| Staffing and training |   | S1 |   |   |   |   |
|   | S2 |   |   |   |   |
|   | S3 |   |   |   |   |
| Infrastructure and supplies |   | BE1 |   |   |   |   |
|   | BE2 |   |   |   |   |
|   | BE3 |   |   |   |   |
|   | BE4 |   |   |   |   |
|   | BE5 |   |   |   |   |
|   | BE6 |   |   |   |   |
|   | BE7 |   |   |   |   |
| Monitoring and feedback |   | M1 |   |   |   |   |
|   | M2 |   |   |   |   |

# C1-2 Baseline Assessment Answer Key – Part 2 (Advanced Program)

Assessment No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Assessment Coordinator: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Program Element Category** | **Toolkit Team Member(s) Conducting Assessment (fill in for each program element category)** | **Program Element Code** | **Element in Place (answer = yes)Mark with an X** | **Element Missing (answer = no)Mark with an X** | **Priority Group # (1–4) - for Missing Elements (refer to Priority Groups table below)** | **Flagged for Action Plan (suggested maximum: 5–10 elements)** |
| Organizational |   | O1 |   |   |   |   |
|   | O2 |   |   |   |   |
|   | O3 |   |   |   |   |
|   | O4 |   |   |   |   |
|   | O5 |   |   |   |   |
|   | O6 |   |   |   |   |
|   | O7 |   |   |   |   |
| Procedural and policy |   | P1 |   |   |   |   |
|   | P2 |   |   |   |   |
|   | P3 |   |   |   |   |
|   | P4 |   |   |   |   |
|   | P5 |   |   |   |   |
|   | P6 |   |   |   |   |
|   | P7 |   |   |   |   |
|   | P8 |   |   |   |   |
|   | P9 |   |   |   |   |
|   | P10 |   |   |   |   |
|   | P11 |   |   |   |   |
| Staffing and training |   | S1 |   |   |   |   |
|   | S2 |   |   |   |   |
|   | S3 |   |   |   |   |
|   | S4 |   |   |   |   |
|   | S5 |   |   |   |   |
|   | S6 |   |   |   |   |
| Infrastructure and supplies |   | BE1 |   |   |   |   |
|   | BE2 |   |   |   |   |
|   | BE3 |   |   |   |   |
|   | BE4 |   |   |   |   |
|   | BE5 |   |   |   |   |
|   | BE6 |   |   |   |   |
| Monitoring and feedback |   | M1 |   |   |   |   |
|   | M2 |   |   |   |   |
|   | M3 |   |   |   |   |
|   | M4 |   |   |   |   |
|   | M5 |   |   |   |   |
|   | M6 |   |   |   |   |
|   | M7 |   |   |   |   |
|   | M8 |   |   |   |   |

# Priority Group Number (for filling in Baseline Assessment Answer Key)



# C3-1 Action Plan Template

Assessment No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Action Plan Written: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Follow-up Monitoring: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program Element Code (fill in program elements flagged for action)** | **Action(s) to Take (fill in as many actions as required for each program element code; number the actions)** | **Person Responsible(select one person as the overall responsible, even if several involved)** | **Resources Needed (be as specific as possible)** | **Target Due Date** | **Completion Date (include the date action will be fully completed)** | **Status at Follow-up Monitoring (report on the program element overall: what, if any, additional inputs are needed? Have new gaps or needs been identified?)** |
|   | 1.         |   |   |   |   |   |
|   | 2.         |   |   |   |   |   |
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