

COWP PSE Change Process Outcome Evaluation

1-Month, 6-Month, 1-Year, 2-Year. 3- Year

Name: _____

Center: _____

Date: _____

Please take a few minutes to rate the status of our PSE changes that your wellness team implemented. To rate the extent of implementation please consider the following definitions:

Not Implemented: The PSE Change is Not Currently being implemented at your center

Partially Implemented: The PSE Change is sometimes being implemented at your center (some classrooms, some days, etc.)

Fully Implemented: The PSE change is always being implemented at your center (all classrooms, all days)

**Let your facilitator know if you have questions or need support.
Thank you!**

Change	Extent Implemented (not, partially, fully)	Comments
1.		Successes: Challenges:
2.		Successes: Challenges:
3.		Successes: Challenges:
4.		Successes: Challenges: