Kūpuna Aging in Place Program for Elderly Services
Evaluation Reporting Matrix

Organization Name: _____

		KAP Kūpuna							KAP Caregiver		
		Kūpuna-Centered Goal			Kūpuna Feedback				Caregiver Feedback		
Category Assessment Tool	Total Kūpuna	Total Projected	Total Served	Total Aging in Place	Are you satisfied with the services you received?	Would you recommend these services to a friend?	Did the services you received help you to meet your personal goals?	In general, compared to other people your age, would you say your health is: excellent, very good, good, fair, or poor?	Are you satisfied with the services provided to the person in your care?	Would you recommend these services to a friend?	Have the services provided, enabled you to provide care for a longer period of time than would have been possible without these services?
Outcome	*# of kūpuna served by the entire program during the year.*	*# of kūpuna projected to be served during the year.*	*# of kūpuna served during the year.*	*# kūpuna who remained in their home at the end of the year.*	*Total % answered Yes & total surveyed*	*Total % answered Yes & total surveyed*	*Total % answered Yes & total surveyed*	*Total % answered by response & total surveyed*	*Total % answered Yes & total surveyed*	*Total % answered Yes & total surveyed*	*Total % answered Yes & total surveyed*
Year 1											
Year 2											
Year 3											