**Success Story: Data Collection Tool**

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| **Personal Information** |
| Name:E-mail: | Address:Phone number: |
| **Focus of the Story** |
| Proposed Title of the Success Story: |
| Focus/Theme of the story: |
| Audience(s): |
| Identified needs of the community: |
| **Background of the Story** |
| Time period of achievement: |
| Location of the story: |
| Target group: |
| Name and contact information of the participant/interviewee: |
| How this success has been accomplished: |
| Environmental context and barriers to success: |
| Key results or implications of success: |
| Quote from the participant/interviewee: |
| Impact of the work your organization has done: |
| **Implications of the Story** |
| Next Steps: |
| Lessons learned: |
| **Publication Information** |
| Do you have a photo? Please attach photo (.jpg file) and release form. Yes No |
| Do you have a program logo? Yes No |

By submitting this form, I am agreeing to allow (your organization’s name here) to use this information to develop a success story to be used in presentations and written forms of communication. I have reviewed all of the information above.

Signature:

Position:

Date: