**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: