Jackson County
COMBAT
Save a life. Save a neighborhood.

SITE VISIT FORM

AGENCY NAME:		**DATE:**	
Site Visit Address:			
Funded Amount:		**Funding Source:**	☐Drug-Prevention ☐ GM Prevention ☐ Violence Prevention ☐ Treatment

Program Objectives (20 pts, 5 points per question)

1. Are goals & objectives written? Yes ☐ or No ☐
2. Does agency have a schedule of activities? Yes ☐ or No ☐
3. Is the agency on track in achieving its outcomes? Yes ☐ or No ☐
4. Was pre-testing and post-testing completed? Yes ☐ or No ☐

Focus Area (60 pts, 10pts per question)

1. Level of service implementation is sufficient in completing program objectives. Yes ☐ or No ☐
   Comment:
2. Program participants appropriately reflect target population. Yes ☐ or No ☐
   Comment:
3. Physical facilities are appropriate for program services. Yes ☐ or No ☐
   Comment:
4. Program staffing is sufficient to appropriately implement services. Yes ☐ or No ☐
   Comment:
5. All collaborating organizations are actively involved in the program. Yes ☐ or No ☐
6. How are clients recruited?

Site Visit Feedback (15 pts, 5pts per question)

Number of Participants Present:	How was attendance Kept:	Name of person conducting program:

Website Address (1pt)	**COMBAT sign posted? (2pt)**	**Logo on printed materials? (2pt)**
	☐ Yes ☐ No	☐ No ☐ Yes

Site Visit Observation

Remarks

Signature:	Date:

Total Points: