

## Office of Substance Abuse Prevention Site Visit Form

Date of Visit: \_\_\_\_\_ OSA Staff Present: \_\_\_\_\_

Agency: \_\_\_\_\_

Location of Site Visit: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Met with the following agency staff:

Name	Position

Item	Comments
Update Data Base Info	
Quarterly Reports	
Contract Issues	
IRC Utilization	
Technical Assistance Needs	
BPF Participation	
List Serve	
MAPP	
Other:	

Program:	
1. Where are you in the evolution of your program (how's it going)?	
2. What are the challenges to implementing the program?	
3. What are the challenges to achieving your targets / outcomes?	

<b>Staffing:</b>	
4. How many staff are funded by the grant?	
5. Names and FTE on Program (Key in implementation, but not funded by OSA?)	
6. What professional development have you been able to take advantage during the past 12 months?	
7. What are your professional development needs in the next 12 months?	
<b>Computer Technology:</b>	
8 Software:	
9. Email ability:	
10. Web ability:	
11 Web site:	
12 Training:	
<b>Program Management:</b>	
13. Who is involved in developing program outcomes and targets?	
14. Who is involved in evaluating program outcomes and targets? Provide copies of specific survey instruments.	
15. Who completes the quarterly reports (financial and narrative)?	
16. Do you have an advisory committee?	
17. What is the membership?	
18. What is their role?	

19. Frequency of meetings?	
20. How are volunteers trained / ongoing skill development?	
<b>Collaboration:</b>	
21. What is your contact with non-prevention agencies?	
22. What collaborations / coalitions / partnerships etc. are you actively involved in?	
23. How does this strengthen your program?	
24. Do you have opportunities for peer review with prevention providers outside of your agency?	
25. What other resources do you use for problem-solving / trouble shooting?	
26. Would you like opportunities for more peer review?	Yes ?      No ?
<b>Promotion:</b>	
27. How is the community informed of the program?	
28. How are the local school board(s) informed?	
29. What is your contact with the media?	
30. Is there anything that you would like for us to know that we have not discussed or that you need to tell me about?	

Notes: \_\_\_\_\_

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Staff Member Filing Form: \_\_\_\_\_

**Office of Substance Abuse  
Prevention Site Visit Activity Observation Form**

Date of Visit: \_\_\_\_\_ OSA Staff Present: \_\_\_\_\_

Agency: \_\_\_\_\_

Location of Program Visit: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Activity / Program Observed \_\_\_\_\_

Agency staff observed: \_\_\_\_\_

Setting and Environment: \_\_\_\_\_

Attendance: \_\_\_\_\_

Participants: Age, how responsive, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff interactions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer interactions: \_\_\_\_\_

\_\_\_\_\_

Strengths: \_\_\_\_\_

\_\_\_\_\_

Potential for improvement / recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Observable links to targets in contract: \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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Staff Member Filing Form: \_\_\_\_\_