

## Service Review

Name of Service:

Date:

Provider:

Brief Description of Service:

What level of acuity/risk does it serve?

What is the target population?

Ages served?

How many does it serve?

How much does it cost (based on?):

How many participants does the program need to succeed?

5 Point Rating Scale: High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or a 4.

|                    | High | Medium | Low |
|--------------------|------|--------|-----|
| Need               |      |        |     |
| Evidence           |      |        |     |
| Provider/Resources |      |        |     |
| Accessibility      |      |        |     |
| Fit                |      |        |     |
| Capacity           |      |        |     |
| Total Score        |      |        |     |