

# INTERVENTION INTEGRITY REVIEW FORM

Name of Trainer (or Rater): \_\_\_\_\_  
Name of Provider Reviewed: \_\_\_\_\_  
Date of Meeting Reviewed: \_\_\_\_\_  
Intervention Reviewed: \_\_\_\_\_

### Provider Protocol Adherence

**Adherence according to Provider:** # of steps completed according to Provider = \_\_\_\_\_

**Adherence according to Trainer (or rater):** # of steps completed according to Trainer = \_\_\_\_\_

**Reliability:** # of steps agreed upon by Provider and Trainer  $\div$  (# steps agreed upon by Provider and Trainer + # of steps disagreed upon by Provider and Trainer)  $\times$  100 = (\_\_\_\_)  $\div$  (\_\_\_\_)  $\times$  100 = \_\_\_\_\_

### Provider Skill Rating

**Trainer:** Indicate the extent of Provider's skill demonstrated using 7-point scale:

- 7 = extremely skilled, 6 = very skilled, 5 = somewhat skilled, 4 = neutral,
- 3 = somewhat unskilled, 2 = very unskilled, 1 = extremely unskilled

**Record Trainer's Rating of Provider's Skill Here:** \_\_\_\_\_

### **Notes (optional):**

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