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 ÷ (# steps agreed upon by Provider and Trainer + # of steps disagreed upon by Provider and Trainer) × 100 = (____) ÷ (____) x 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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