

Position or
Title

Email
Address

Phone
Number

Rationale

5. What was the identified problem/need or gap that led to the development of this program? Please use quantitative or qualitative data to explain.

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6. What is the behavior change/prevention theory and/or science-base that supports the rationale that this program is effective?

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7. What risk and/or protective factors are addressed/expected to change for program participants?

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Program Delivery

8. What area is served by this program? Please include the Regional Public Health Network or area.

9. What population is served by this program?

10. When was this program developed?

11. Is the program delivered in a structured way so that it could be replicated?

Yes

No

Evaluation

12. Is there evidence that the program has been effective? Evidence can include anecdotal evidence or observations.

Yes

No

13. Is there an evaluation plan?

Yes

No

14. Is the program currently being evaluated?

Yes

No

15. Have evaluation tools been developed?

Yes

No

16. If applicable, briefly describe the methodology used to evaluate the program.

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17. If applicable, briefly describe the outcomes to date.

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Intentions

18. Please describe your intentions for the program going forward. For example, do you plan to replicate the program in additional locations or multiple settings and/or enhance program evaluation?

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Acknowledgement

19. I understand that by submitting this form that, if approved, my program will be included in the New Hampshire Innovative Prevention Program and Best Practice Inventory and is eligible (but not required) to participate in the NH Service to Science process. Participating in the Service to Science process includes at minimum:

- Participation in one or more technical assistance meetings with the Center for Excellence staff
- A presentation to the NH Best Practices in Prevention Expert Panel

Programs that participate in the Service to Science process are eligible to apply for NH Service to Science funding.

I understand

Prev

Done



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