



# Leader Observation Form

Group Town Location: \_\_\_\_\_

Group Leader(s): \_\_\_\_\_

Group Start & End Dates: \_\_\_\_\_

*It is important to monitor the RH program from your perspective as it provides information to support program evaluation and program fidelity. Please complete the following questions:*

1) Please list the number of women from the following list of referral sources:

DCF # \_\_\_\_\_ DOC # \_\_\_\_\_ WIC # \_\_\_\_\_ Reach-Up # \_\_\_\_\_

Treatment Providers # \_\_\_\_\_ Self-Referred # \_\_\_\_\_ Other #(describe) \_\_\_\_\_

2) Please rank the issues (highest to lowest) that group members focused upon:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

3) Could you please describe what setting was used to conduct the group (agency, church, etc)?

4) Did you change the order of the group sessions? Yes No

If Yes, please describe these changes:

5) Did you change the content or add to the content of the group sessions? Yes No

If Yes, please describe:

6) If you had women who dropped out of the group, please list the reasons why (if known).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

7) Please list your opinions of the effectiveness of the RH program to address ATOD with this population.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

8) Please describe any suggestions/recommendations that would strengthen the program.