ParentingWell Application Review Tool

Provider Name: ____

- 1. Meets the eligibility criteria for participation.
 - □ Not for profit
 - □ Massachusetts-based behavioral health provider
 - □ Commitment to research participation
- 2. The application demonstrates a commitment/investment to strengthening practice relative to "persons as parents" within the organization.

Evaluation considerations:

- Senior leader investment/participation as reflected in commitment letter.
- Sufficient numbers of staff projected to participate (i.e. at least one supervisor/manager and three frontline staff.)
- How well the applicant responded to realistically identifying more than one challenge or problem relative to staff participation in the initiative and the strength of the applicant's plan to mitigate those issues.

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Rating:	Excellent	Very Good	Good	Fair	Poor

Notes:

3. The application demonstrates a need related to persons as parents that this initiative could address.

Evaluation considerations:

- Strength of response to the question "Why your organization is interested in participating in the ParentingWell Learning Collaborative?"
- Number of parents estimated to be served by the program
- Challenges reported to be faced by parents served by the organization.

Other considerations (e.g. special populations, geography, program type, etc.)

No

Yes