

Comprehensive, Integrated, Three-Tiered (Ci3T) Model of Prevention: Feedback Form

Name _____ School _____ Date _____

Your Ci3T Leadership Team has drafted a comprehensive, integrated, three-tiered (Ci3T) model of prevention to put in place at your school beginning next fall. You are welcome to use this opportunity to provide input on this draft. Please read the attached Ci3T Blueprint, revised with your previous feedback and then answer these few questions. Thank you!

Have you had an opportunity to review the drafted Ci3T Blueprint? No Yes

1. What are the strengths of the plan?

2. What concerns do you have about the plan?

3. What suggestions do you have for modifying the plan?

4. To what extent do you think the plan will achieve the intended goals/objectives?

Please rate each of the following statements.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
1. I think the plan targets important goals and/or objectives.	1	2	3	4
2. I think the plan is feasible.	1	2	3	4
3. I think the plan is likely to be put in place as planned.	1	2	3	4
4. I will implement the plan.	1	2	3	4
5. I think the plan will produce the desired outcomes.	1	2	3	4