PROGRAM HEALTH FEEDBACK

Program Being Reviewed:  Click or tap here to enter text.

Group Providing the Review:  Click or tap here to enter text.

Person entering information:  Click or tap here to enter text.

Issue(s)/concern(s):  Click or tap here to enter text.

Proposed action(s):

☐ Improvement plan
☐ Consolidation
☐ Restructure
☐ Investment/reallocation of resources
☐ Other innovations
☐ New Programs
☐ Program elimination

Detailed description of proposed action, including timeline:
Click or tap here to enter text.

Why was this action chosen?  Please provide an explanation of recommendation:
Click or tap here to enter text.