# Individual Reviewer Form

## A. Reviewer Information
- A1. Application ID
  - *Select to auto-populate app info*
- A2. Organization Name
- A3. Program Name
- A4. Reviewer Number
  - *Select to auto-populate panel info*
- A5. Lead Reviewer
- A6. Panel Number
- A7. Staff Liaison Name

## B. Evaluation Requirements
- B1. Evaluation Required
- B2. Evaluation Submitted
- B3. Type of Grantee

### Small/EAP Grantee Evaluation Requirements
- B4. Internal or External Evaluator
- B5. Process, Outcome or Impact Evaluation
- B6. At Least One Year of AmeriCorps Program Activity

### Large Grantee Evaluation Requirements
- B7. External Evaluator
- B8. Impact Evaluation
- B9. At Least One Year of AmeriCorps Program Activity

- B10. Alternative Evaluation Approach (AEA)
- B11. Type of AEA
- B12. AEA Conditions Met

## C. Evidence Review
- C1. Number of Studies Submitted
- C2. Number of Studies Reviewed
- C3. Evidence Tier Claimed
- C4. Evidence Tier Assessed
- C5. Quality Rating
- C6. Evidence Tier Justification
### INDIVIDUAL EVIDENCE REVIEW FORM

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<thead>
<tr>
<th>C7. Rating Justification</th>
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<tr>
<th>D. Study 1</th>
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<tbody>
<tr>
<td><strong>D1. Report Title</strong></td>
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<td><strong>D2. Program Type</strong></td>
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