

IL NET TRAINING PROJECT

Teleconference:
Innovative IL Programs:
Mental Health Peer Project

Site Evaluation Form

On a scale from 1 (the lowest rating) to 4 (the highest rating), please rate your Site.

1. Did the Site Coordinator prepare the manual in the format that is accessible for you?

Yes

No

N/A

Comment:

2. Were you given page numbers in your format to correspond with regular print?

Yes

No

N/A

Comment:

3. Did you receive the training manual prior to the teleconference?

Yes

No

N/A

Comment:

4. Were you asked to participate in the Pre-Conference?

Yes

No

N/A

Comment:

5. How useful was the Pre-Conference?

1 (Low)

2

3

4 (High)

6. Were you asked to participate in the Post-Conference?

Yes

No

N/A

Comment:

7. How useful was the Post-Conference?

1 (Low)

2

3

4 (High)

8. Were you provided with a participants list and evaluation in a format accessible to you?

Yes

No

N/A

Comment:

9. Did the phone used for the teleconference have a clear connection?

Yes

No

N/A

Comment:

10. Did your Site Coordinator, make the teleconference accessible for

you, i.e. real time captioning, interpreters, assistive listening device etc.?

Yes

No

N/A

Comment:

11. What would you like to see as in-service provided by your Site?

Site Coordinators this evaluation is for your records to enhance your sites learning experience.

Please return all forms to your Site Coordinator.