MFP Overview Presentation Evaluation Form

For Qualified Vendor and Service Providers (QVSP)

I. Understanding. For each topic below, please circle the number that best describes your level of understanding before and after this presentation (1 = a little…to 4 = a lot).

Topics	Understanding before presentation				Understanding after presentation				Comments
	A little			A lot	A little			A lot	
Five Goals of MFP	1	2	3	4	1	2	3	4	
Five Project Benchmarks of MFP	1	2	3	4	1	2	3	4	
19 MFP Services	1	2	3	4	1	2	3	4	
Planning Process for Transition	1	2	3	4	1	2	3	4	
Who's on the MFP Transition Team	1	2	3	4	1	2	3	4	
The MFP Individualized Transition Plan	1	2	3	4	1	2	3	4	
Your Role in Supporting MFP Participants in the Community	1	2	3	4	1	2	3	4	
Three MFP Qualified Residence Types	1	2	3	4	1	2	3	4	

II. Overall evaluation. Check (√) the category that most closely matches your opinion for each item below.

Aspect of presentation	Strongly disagree	Disagree	Agree	Strongly agree
Quality of the presentation and materials was good				
Length of the presentation was appropriate.				
Presentation has better equipped me to do my job (I can apply what I learned in my job).				

III. Request for additional information and or training.
List below any topics for which you would like more information. You may list topics that were not covered at all in the presentation, or those that were not covered well enough. _____

I reviewed the MFP Overview Presentation on (Date) _____

Name: _____ **Title:** _____

Email: _____ **Phone:** _____

Address: _____

City: _____ **Zip:**_____

SUBMIT

Thanks for your feedback on this presentation. Please scan and email the completed form to rgrubbs@dch.ga.gov or fax to 404-357-8857. Call RL with questions at 404-657-9323.