



# MFP Overview Presentation Evaluation Form

## For Vendor and Providers

**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 <u>before</u> presentation				Understanding <u>after</u> 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	
MFP transition team members	1	2	3	4	1	2	3	4	
What happens after discharge from the nursing home	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 during 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. If you have other comments or suggestions, please send them to [rlgrubbs@dch.ga.gov](mailto:rlgrubbs@dch.ga.gov) or call RL at 404-657-9323