

CORE/WiSCC FEEDBACK SURVEY

This survey seeks your feedback on Delmarva's CORE and WiSCC Consultation process. Your feedback is very important to us. Thank you for participating.

Type of Provider (Chose One): Solo Agency
 Waiver (Choose all that apply): DD FSL Both
 Type of Consultation (Chose One): CORE WiSCC
 Event Type (Chose One): Annual Follow Up with Technical Assistance
 APD Area _____ Month/Year of Consultation (MM/YYYY) _____

Please check the box that best defines your agreement with the statements below.	Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
1. The consultation identified the strengths of your organization.					
2. Feedback you received will help you provide supports and services that meet the desired outcomes of the individuals you serve.					
3. The consultation addressed the barriers, challenges, and/or needs of your organization.					
4. The consultant interacted with you (and your staff) in a professional and collaborative manner.					
5. The consultant interacted with the people you serve in a professional manner.					
6. You and your consultant brainstormed ways to enhance your services.					
7. Would you feel comfortable contacting the consultant for more brainstorming and technical assistance?	Yes		No		
Do you want someone to contact you? If yes, please indicate phone number or email and the subject.					
Phone # _____ Email _____ Subject _____					
Comments:					

Return your Survey using one of the following methods:

Mail: Delmarva Foundation 2039 Centre Pointe Blvd., Suite 202 Tallahassee, Fl. 32308	Fax: Re: Provider Survey Delmarva Foundation (850) 878-2958	Email: Re: Provider Survey florida@dfmc.org
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