

I/DD WAIVER PROGRAM
Quality Improvement Advisory (QIA) Council Evaluation

Participant Name: _____ Provider: _____
(Optional) (Optional)

Meeting Date: October 17, 2018 Quarter: 2nd Quarter FY 2018

The WV IDDW program is continually working to improve the quality of the program. Therefore, it is very important to receive your feedback. Please take a few minutes to complete this evaluation. Your responses will help us understand your needs and identify opportunities for improving future I/DD Waiver QIA Council Meetings. Thank you.

A	Please check <u>one</u> of the following that best describes your role on the Council:
<input type="checkbox"/> Person Receiving IDD Services <input type="checkbox"/> Parent of Person Receiving Services <input type="checkbox"/> Provider <input type="checkbox"/> Advocate <input type="checkbox"/> State agency/contractor <input type="checkbox"/> Other: _____	

B	Please examine the following responses and circle <u>one number</u> For each Evaluation Item that best describes your opinion.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 1 – I strongly disagree with this statement. 2 – I disagree with this statement. 3 – I am not sure if I agree or disagree. </td> <td style="width: 50%; vertical-align: top;"> 4 – I agree with this statement. 5 – I strongly agree with this statement. 6 – This statement does not apply to me. </td> </tr> </table>		1 – I strongly disagree with this statement. 2 – I disagree with this statement. 3 – I am not sure if I agree or disagree.	4 – I agree with this statement. 5 – I strongly agree with this statement. 6 – This statement does not apply to me.
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Evaluation Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. I feel this quarterly meeting was productive.	1	2	3	4	5	6
2. I feel that as a Council member my input is valued.	1	2	3	4	5	6
3. I feel the amount of time spent for this meeting was adequate.	1	2	3	4	5	6
4. The materials presented were useful and easy to understand.	1	2	3	4	5	6
5. The meeting location was convenient and accessible.	1	2	3	4	5	6
6. Overall, I am satisfied with this quarter's meeting.	1	2	3	4	5	6

C	Comments or suggestions for the next I/DD Waiver QIA Council meeting
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