



**Virginia Network of Consultants
For Professionals Working with Children Who are Deaf or Hard of Hearing**

VNOC Service Evaluation

(to be completed by the person directly receiving services)

The Partnership for People with Disabilities and the Virginia Department of Education would like to thank you for taking the time to complete this evaluation. With your assistance, we will use the information provided to refine VNOC policies and procedures and to evaluate our consultation/evaluation/training services.

A. SERVICE PROVIDED

School Division/Agency requesting service:

Name of person completing this evaluation:

Role of person completing this evaluation:

Phone: E-mail:

Please give a brief summary of the service requested:

Date(s) service was provided:

Location at which service was provided:

Date of follow-up meeting/call:

Name of VNOC consultant/trainer:

B. EFFECTIVENESS OF CONSULT/TRAINING

Please rate the service provided by responding to the following statements. Check your response according to the following scale:

SA - Strongly Agree

A - Agree

D - Disagree

SD - Strongly Disagree

- | | | | | |
|--|-----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. Efficiency of procedure used to procure services. | <input type="checkbox"/> SA | <input type="checkbox"/> A | <input type="checkbox"/> D | <input type="checkbox"/> SD |
| 2. The objectives were met. | <input type="checkbox"/> SA | <input type="checkbox"/> A | <input type="checkbox"/> D | <input type="checkbox"/> SD |
| 3. The service provided was relevant to my needs. | <input type="checkbox"/> SA | <input type="checkbox"/> A | <input type="checkbox"/> D | <input type="checkbox"/> SD |
| 4. Training materials provided were effective. | <input type="checkbox"/> SA | <input type="checkbox"/> A | <input type="checkbox"/> D | <input type="checkbox"/> SD |
| 5. I would recommend this service to a colleague. | <input type="checkbox"/> SA | <input type="checkbox"/> A | <input type="checkbox"/> D | <input type="checkbox"/> SD |

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6. Overall rating of service (please use the scale below and enter a number:

Poor

1

2

3

4

5

6

7

8

9

Excellent

10

C. VNOC CONSUMER COMMENTS

What recommendations would you make to improve the procedure for requesting services through VNOC?

What aspect of the service provided worked best for you?

What, in your opinion, did not work/was not effective about this consultation/training?

Please return this form to:

Ann W. Hughes
Specialist for the Deaf & Hard of Hearing
VNOC Coordinator
Partnership for People with Disabilities
Virginia Commonwealth University
700 East Franklin Street, Box 843020
Richmond, Virginia 23284-3020

Thank you for your time and thoughtful consideration in completing this evaluation.

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