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FMQAI: The Florida ESRD Network (Network 7)

Network 7 Vocational Rehabilitation (VR) Toolkit Evaluation Form

Please share with us your thoughts and comments regarding the Vocational Rehabilitation Toolkit. PLEASE RETURN BY FAX (813) 354-1514.

How many facilities do you, as the Social Worker cover? (please circle) **1 2 3 4 5**

Do you prefer to receive VR information from the Network in paper copy or posted on the Network Website? (please circle one) **Paper copy | Internet | Both**

Using the scale below, answer each question with one “x”.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

	1	2	3	4
1. The tools will assist me in promoting VR to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The information and resources included in the packet met my professional needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The content of the VR Toolkit is presented effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I plan to utilize this toolkit in my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I would recommend this toolkit to other colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any recommendations that you would make to improve the Vocational Rehabilitation Toolkit?

Other comments:

Please return to Network 7 – via fax: 813-354-1514 or mail:
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 Tampa, FL 33609