

PRACTITIONER SERVICE EVALUATION FORM



Name: _____ Date: _____

Agency: _____

Please help us to monitor the effectiveness of CAF by completing this evaluation form.

1. How well do you feel you understand the CAF process?
(1. Not - 6. Excellent)

1	2	3	4	5	6
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2. How much involvement did you have in the CAF? (1. None - 6. Completed the CAF)

1	2	3	4	5	6
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3. How did you feel during the meetings? (1. Intimidated - 6. Confident)

1	2	3	4	5	6
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4. Did you have the opportunity to express your views? (1. Not at all - 6. Expressed all views)

1	2	3	4	5	6
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5. Do you feel the goals on the plan reflected your concerns?
(1. I was not asked - 6. All of my concerns were reflected)

1	2	3	4	5	6
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6. How well do you feel the plan met the needs of the service user? (1. It didn't - 6. Excellently)

1	2	3	4	5	6
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Please can you tell us what was the most helpful.

7. Please can you tell us what was not helpful.

8. Any additional comments

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