



INDEPENDENT LIVING MINI CENTER SURVEY INSTRUCTIONS

PURPOSE

The Independent Living Rehabilitation Mini Center Survey is used to obtain feedback from individuals who have participated in Mini Center. The information obtained is used to help evaluate the effectiveness of the training and to identify possible changes and improvements that could be made in the training.

PREPARED BY

Mini Center Participants

INSTRUCTIONS

Name: Individual enters his or her name.

Age: Individual enters his or her age.

County of Residence/Mini Center: Individual enters the county in which he or she lives or where the Mini Center is being held.

PRIOR to receiving services: On the first day of class, the individual enters three areas or activities that he or she feels are limited by his or her vision loss and/or which he or she feels assistance is needed.

AFTER receiving services: On the last day of class, the individual checks the response that best describes how he or she feels about his or her capabilities in the areas mentioned prior to receiving services.

Please tell us which classes/activities have been/will be the most helpful to you: Individual enters his or her response.

Please tell us which classes/activities you liked best: Individual enters his or her response.

Please make suggestions for further services needed and/or improvements in services delivered: Individual enters his or her response.

DISTRIBUTION

Original: Case Record

Copy: District/Regional Supervisor

IL Rehabilitation Program Specialist