

## Residential Certification Evaluation Legal Representative Interview

PROVIDER/ CONTRACTOR NAME		EVALUATOR NAME	
EVALUATION DATES		INTERVIEW DATE	
CLIENT NAME			
CONTACT NAME	PHONE NUMBER (WITH AREA CODE)	CLIENT PERMISSION <input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> N/A	

The questions below are meant to capture if individuals are satisfied with the provider's instruction and supports, if needs are met, and if client rights are protected. Document answers to the questions or if they decline to answer. Some questions may not be applicable, depending on the type of program the client is in (i.e. finances).

Overall Satisfaction	Yes	No	N/A	Comments
How does the provider support the client?				
Does provider provide the support in a positive manner, with dignity and respect, encouraging client to do things for themselves, to learn, and grow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keeping in mind the support and assistance provided, what areas could provider improve upon?				
Do you have any concerns about the care of the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any service or assistance you would like to see from the provider that is not currently offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any other comments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	