

Please let us know how we can improve your SIS-A Assessment experience. The survey can be completed online a, by fax (833)843-9488 or by mail at address below.

Assessor's Name: \_\_\_\_\_ Assessment ID: \_\_\_\_\_




Your Relationship to Individual: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

If Provider, Type: \_\_\_\_\_ Assessment Start Time: \_\_\_\_\_

Did the assessment start on time? ☐ Yes ☐ No

How was the assessment conducted? ☐ In-Person ☐ Virtual ☐ Telephone

Assessment Length: ☐ Under 1 Hour ☐ 1 – 2 Hours ☐ 2 – 3 Hours ☐ More than 3 Hours

Please rate the following:	1 Strongly Disagree 	2 Disagree	3 Neutral 	4 Agree	5 Strongly Agree 
The interview was scheduled at a date, time and location that was convenient for me.					
The interviewer explained the process well and provided information for me to follow along.					
The interviewer made sure the questions were understood by everyone and provided relevant examples when needed.					
The interviewer allowed for discussion of specific information important to the individual. I did not feel rushed.					
The interviewer clearly explained ratings and ensured everyone was in agreement.					
The interviewer made me feel like I was heard and the I was an important part of the process.					
The interview provided information that will be helpful to focus on in the individual's support plan.					
The interviewer conducted the assessment in a courteous, respectful, and professional manner.					

Please provide any additional comments:

Thank you for your feedback!