KPAN

Client Evaluation Form

(to be completed by the Client)

This evaluation form is used to gauge the effectiveness of the KPAN program and to measure the value of the service provided.

Please be as detailed as you can in your responses.
THANK YOU!

This Evaluation Form should be completed by the executive director, individual artist or other key person who participated in the Kentucky Peer Advisory consultancy.

Applicant:

Contact Person:

Mailing Address:

City: **Zip:**

County:

Daytime Phone: **FAX:**

E-mail:

KPAN Advisor:

KPAN ADVISOR

Please rate your experience of the following:

SELECT ONE **Advisor's preparation**

SELECT ONE **Advisor's expertise**

SELECT ONE **Advisor's responsiveness to the group's or individual's needs**

SELECT ONE **Response and participation of people involved in consultancy**

SELECT ONE **Accuracy and content of the advisor's final report**

SELECT ONE **Value of the advisor's recommendations**

SELECT ONE **Consultancy's overall effectiveness**

SELECT ONE **Value of the consultancy to you or your organization**

What do you think was the most productive aspect of the consultancy? *(500 characters or less)*

CONSULTANCY PARTICIPATION

In total, how many individuals participated in this consultancy?

Please provide first and last names and indicate the individual's association with the organization (if relevant). For example: individual artist, board member, committee member, staff, etc.

What could have been better? How can we improve our services? *(500 characters or less)*

Do you think the consultancy will help you achieve your goals? *(500 characters or less)*

EXPENSE REPORT

Amount paid to advisor for mileage expenses?	$
Amount paid to advisor for lodging expenses?	$
Amount paid to advisor for meal expenses?	$
Amount paid to advisor for incidental expenses?	$
TOTAL REIMBURSEMENT MADE TO THE ADVISOR	**$**

☐ **INVOICE FROM PEER ADVISOR WAS NOT RECEIVED**

May we send a copy of this evaluation to the KPAN Advisor?	**YES** ☐	**NO** ☐
Will you recommend the KPAN program to others?	**YES** ☐	**NO** ☐
Do you think you or your organization will request another KPAN?	**YES** ☐	**NO** ☐

Please save this document and then attach a copy to an e-mail addressed to Sarah.Schmitt@ky.gov with the Subject line: **KPAN Client Evaluation**.