|  |  |
| --- | --- |
| **Feedback Form for Evaluators** | Sheet ID:**C-I** |
| 1. **General Information**
 |
| Date: | (MM/DD/YY) | Facility: |  |
| Type of Activity: |[ ]  Post-training Evaluation | Program: |[ ]  INTREPRET |
|  |[ ]  Supportive Supervision |  |[ ]  ENTREPOSE |
| 1. **Evaluator’s Information**
 |
| Name: |  | Designation: |  |

| 1. **Peer-review of INTREPRET/ENTREPOSE Facilitation**
 |
| --- |
| *Recommendations:* |
| 1. **INTREPRET/ENTREPOSE Administration**
 |
| *Please mark one from the following four categories:* |
| 1. Program is not implemented.
 | 1. Program is implemented but not integratred into the service platform.
 | 1. Program is integrated into the service platform but has some isssues to be worked out.
 | 1. Program is fully integrated into the service platform.
 |
| *Recommendations:* |

*Signature of Evaluator: Date:*