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| **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:*